

~~P. g. 18.~~

~~18/15.~~
11.

R54502





Digitized by the Internet Archive
in 2015

<https://archive.org/details/b21977331>

A
STATISTICAL INQUIRY

INTO

THE PRESENT STATE

OF THE

MEDICAL CHARITIES
OF IRELAND;

WITH

SUGGESTIONS FOR A MEDICAL POOR LAW,

BY WHICH THEY MAY BE RENDERED MUCH MORE EXTENSIVELY
EFFICIENT.

By DENIS PHELAN,

SURGEON TO THE CO. TIPPERARY GAOL, AND TO THE HOUSE OF INDUSTRY
AND LUNATIC ASYLUM, CLONMEL, ETC. ETC.

DUBLIN :

HODGES AND SMITH, COLLEGE-GREEN;
LONGMAN, REES, AND CO., LONDON ; AND MACLACHLAN
AND STEWART, EDINBURGH.

1835.



THE

OF

THE

THE

TO
THE RIGHT HONORABLE
THE VISCOUNT DUNCANNON,
LORD PRIVY SEAL, ETC. ETC.

MY LORD,

THE idea of publishing the following pages entirely originated in the circumstance of your Lordship having expressed a wish to be supplied with the heads of such information as I should be able to obtain, that it might be used on the next favourable opportunity to effect, by legislative means, some remedies for the defects of the medical charities of this country, in the existence of which your Lordship fully concurred.

The deep interest which on this occasion it was evident your Lordship felt in improving the condition of the sick poor ; your practical liberality and active benevolence ; the great esteem in which you are held in that branch

of the legislature to which you belong, and the high station you occupy in his Majesty's Councils—affording considerable facilities of accomplishing a measure so congenial to your own disposition—peculiarly point out your Lordship, as the most appropriate person to whom this work could be dedicated. I therefore consider, that I am most fortunate, and I feel highly honoured, in being permitted to publish it under the sanction of a name so universally respected, and so capable of giving effect to the objects which it advocates.

I have the honour to be,

Your Lordship's much obliged,

And very obedient,

Humble Servant,

DENIS PHELAN.

P R E F A C E.

THE following observations respecting the medical charities of Ireland are offered to the public, in the hope that such practical knowledge as the author may have had on the subject, and the result of the inquiries which he instituted, may be of some use in pointing out the defects of the Hospitals, Dispensaries, and Lunatic Asylums of this country, and in enabling the government and legislature to remedy such errors as both the law and practice may have introduced.

I am well aware that when a provincial surgeon, unknown beyond the immediate district in which he practises, attempts to prove that the medical institutions of this country, on the perfection of which much care has been bestowed by several intelligent and benevolent public men, during the last seventy years, and by which vast benefits have undoubtedly been conferred on the sick poor of Ireland, are, notwithstanding, so imperfect as to require very considerable alterations, it is incumbent on him to show, that he has had such opportunities of acquiring information on the subject, as were sufficient to enable him to

become practically acquainted with each class of the medical charities of which he professes to give an account.

I shall, therefore, state what my opportunities were. An attendance on one Dispensary as an assistant, and on another as a principal, afforded me the means of learning the practice and economy of this class of institutions; and I have been long enough a member of the committee of another Dispensary, connected with a Fever Hospital, to give me some insight into the management of the former, as well as of the latter.

During two years I had daily opportunities of observing the practice of a county infirmary, in a town which contained a population of about 10,000, and could not fail to perceive how much the sick poor of the district suffered for want of a Fever Hospital, and of any medical attendance on those who were unable to go to the Infirmary as externs, or to obtain admission as interns.

As resident apothecary of the Cork-street Fever Hospital in Dublin, I had the opportunities afforded by an institution unequalled in Great Britain or Ireland, to observe the management of that class of medical charities. And as it admits every form of febrile disease indiscriminately, and is under the direction of governors of great intelligence and activity, and attended by first rate physicians, the advantages of residing in such an institution cannot be inconsiderable.

In addition to these, I have been for many

years connected with almost every public institution in Clonmel ; with some, in a medical capacity, with all, as a subscriber or member of the managing committees. These charities embrace a Fever Hospital, a Surgical Hospital, a Dispensary, a Lying-in Hospital, a House of Industry and Lunatic Asylum,* a Mendicity Institution, and the county gaol.

During my attendance on the Clogheen Dispensary, I often found, as all under similar circumstances will, that advice and medicines were frequently useless, when the sick were in want of suitable food and drink ; but I was more fortunate than many, for the liberality of a humane resident nobleman, Lord Lismore, ever alive to the comforts of those around him, whether residing on his own estate or otherwise, constantly supplied the means of affording these necessities to such as required them ; a circumstance of which none can possibly perceive the full value, both to the medical officer and the patients, except those that have been engaged in Dispensary practice in Ireland.†

* With the district Lunatic Asylum, lately erected, I have had no connexion in any capacity.

† It would be unbecoming and ungrateful on my part to advert to the period of my attendance on the Clogheen Dispensary, without acknowledging the deep obligations I am under to its founder, Lord Lismore, for his Lordship's steady and active friendship for the last twenty-three years, during which he has omitted no opportunity of doing me all the services in

In 1828, a circumstance took place which more immediately directed my attention to the state of our medical charities, and which, in fact, was the origin of the present inquiry.

My own practice afforded me numerous opportunities of observing that a considerable number of bad surgical and non-contagious medical cases occurred in this wealthy manufacturing town and neighbourhood, and within a circle of five or six miles; and I knew that these could not be done justice to either by the Dispensary attendants, or by private practitioners; there being no institution in Clonmel to afford them Hospital accommodation, as the county infirmary is twelve miles distant. It occurred to me, to make a public appeal to my affluent and charitable neighbours, and endeavour to induce them to establish a small surgical Hospital here. But though this town and neighbourhood possessed the best possible materials to work on, viz. wealth and liberality, the difficulties of the undertaking would have been of no ordinary kind, had not the benevolent and excellent rector, the Rev. D. H. Wall, lent his assistance. It was first necessary to prove, that in a given population such as ours, a certain number of serious medical and surgical

his power, merely, I believe, because he saw me anxious to discharge the duties of an institution, in which he feels much interest, and to which his Lordship is a munificent subscriber, as effectively as I was able.

cases, not admissible into the Fever Hospital, though requiring infirmary assistance, are sure to be found. I therefore addressed a circular to the medical officers of different English and Irish Infirmaries, with the view of obtaining *data* to establish, to the satisfaction of the most incredulous, what I myself well knew to be a fact.

The information obtained in answer to this circular fully confirmed an opinion I had long entertained, that our county Infirmaries were very inadequate to afford Hospital relief to such of that class of the sick poor of this country as most require it, and that by means of district general Hospitals only could effectual aid be given. I accordingly suggested a plan, by which Houses of Recovery could be safely used as Hospitals for the reception of surgical and non-contagious medical cases, in the absence of epidemics, but though our local Hospital was erected through the Rev. Mr. Wall's exertions, the time had not yet arrived for pressing such a question on the attention of the legislature.

In 1833, the Hon. George Lamb, brother to the present noble Premier, undertook the difficult task of bringing in a bill to modify the English Apothecaries Act, but he soon saw the necessity of embracing a wider field, and of instituting a general inquiry into the other departments of the medical profession. Being well aware, from such attention as I had been able to give the subject, that before any satisfactory plan

of medical reform could be introduced for Great Britain, a correct understanding of the state of the profession, and the medical institutions of Ireland, was essentially necessary, when it was evident that a parliamentary inquiry was determined on, I issued a circular of which No. I. (see Appendix) is a copy. This was early in September 1833, some weeks before the Royal Commission for the Irish Poor Inquiry was appointed.

I mention this circumstance to show that in the inquiry into the state of the medical charities of Ireland, I had priority of the Poor Law Commissioners, and had, in fact, obtained numerous answers to the queries contained in that circular, before these gentlemen commenced their proceedings. If an individual deserve any credit for having digested and carried into execution a plan to investigate the state of these institutions, I feel that I have a right to claim it, trifling though it be, as it entirely originated with, and has been conducted by, myself, at no inconsiderable expense, and with more labour and loss of time, than any one not engaged in such investigations can possibly conceive.

Whilst I was actively engaged in the correspondence necessary to conduct this inquiry, the Poor Law Commissioners issued their circulars, and shortly after Captain Pringle, one of their assistants, arrived in Clonmel. As he had to examine the institutions to which I am attached, I had several conversations with him, and found

that, though he was very intelligent and well calculated to inquire into the state of the poor, as regarded wages, mode of living, education, &c., he was quite ignorant of the way in which information of any value beyond mere returns could be elicited, respecting our medical institutions. It immediately occurred to me, that when such a person as Captain Pringle, one that had been long engaged in a similar situation in England, was so unacquainted with the medical portion, admitted to be one of the most important parts, of the inquiry, assistants of less experience were not likely to be more capable; and I feared that unless other means were adopted, the defects of these charities would not be sufficiently investigated.

Having communicated these views to Lord Duncannon, (with whom I had previously had the honour of an interview, to represent the defects of these institutions and the means of improving them,) and to Lord Lismore, I informed them, that if appointed an assistant commissioner, and allowed to devote myself chiefly to the inspection of Hospitals, Dispensaries, &c., I expected that I should be found of use, in consequence of having already had some, perhaps greater, practical acquaintance with the subject, than other assistants. Both these noblemen agreeing in what I represented gave me recommendatory letters to the present Lord Hatherton, then Chief Secretary for Ireland, by whom I was at once appointed. Whilst in Dublin, I waited on Mr.

More O'Ferrall, one of the Commissioners, with an introduction from Mr. Thomas Wyse, (who had long been anxious that should I pursue the inquiry he knew I was engaged in, and publish the results,) and informed him, that I had been nominated an assistant commissioner, at which he expressed himself much pleased, declaring that he was certain I would be of great service, especially in pointing out the mode in which the medical part of the inquiry could be best conducted. This opinion the following letter will testify :

“ SOUTH FREDERICK-STREET,

“ Dec. 5, 1833.

“ SIR,

“ I regret that I only received your letter on the morning I left town, and could not delay my departure to have the pleasure of conversing with you, which I much regret, as I am well aware there are few persons in the South of Ireland, so well acquainted with the state of the poor.

“ R. MORE O'FERRALL.

“ *Denis Phelan, Esq.*”

During the interview which I had on this occasion with Mr. O'Ferrall, he requested that I would candidly give my opinion, if the circular lately sent by the commissioners to the medical institutions, were sufficient to elicit such information respecting those charities, as would be necessary for their purposes. I pointed out to him, that the circular, being alike intended for each class of these institutions, which were very dissi-

milar in their objects, and under very different regulations, was not so framed as to obtain the desired answers from any one charity ; and on being requested to suggest such means as I thought sufficient, I informed him, that much useful information could be had in reply to queries particularly adapted to each class of these institutions ; but if the object were to obtain a correct view of them, it could only be had by appointing competent medical men to inspect and report on them ; for, that the answers even to the best adapted circulars would never be full or satisfactory, for reasons which I explained to him. In these views, Mr. O’Ferrall appeared fully to agree ; he observed, that the most important part of the duty of the commissioners was to inquire into the state of the medical charities, which he seemed to think were much abused, and asked, if appointed to inspect them, would I undertake to discharge that duty “ *honestly ;*” to which I merely replied, by requesting him to depend rather on the representations of those that had introduced me to him and to the Chief Secretary, than on any promises of my own. He appeared quite satisfied, and I left him under the full impression, that as far as depended on him, I should be allowed to devote some time to the inspection of Hospitals, Dispensaries, &c., an object I had much at heart, well knowing that by such means, and invested with some official authority, I should be able to obtain

more accurate information than the answers to circulars could ever afford me.

I also made it my business to wait on the Most Rev. Dr. Murray, another of the Commissioners, and pointed out to him in what way my services could be rendered most useful, viz. by allowing me to devote my time, if employed, to the medical portion of the inquiry, when his Grace appeared equally pleased as Mr. O'Ferrall. In a few days afterwards, I received the following letter from him :

“ DUBLIN, 17th Dec. 1833.

“ MY DEAR SIR,

“ I have been favoured with your letter, and am rejoiced that Mr. Littleton has been so fortunate as to secure your services for promoting the objects of our inquiry. It will give me great pleasure to keep in mind the suggestions which you have had the kindness to offer, and as far as may depend on me to give them effect.

“ My dear Sir,

“ Your's very faithfully,

“ D. MURRAY.

“ *Surgeon Phelan, &c. &c.*”

Having every reason to believe, from these and other circumstances, (especially a letter from the board, in which the commissioners state, “ their satisfaction in receiving information from one so well acquainted with the medical institutions, which compose one of the most important parts of their inquiry,”) that I would soon be called on to take a share as assistant, I made arrangements

at considerable inconvenience, and with the certainty of some professional loss, to proceed where ever my services might be required. But after some time, finding that all the assistant commissioners intended to be employed had been called on, and that four medical inspectors were appointed, I resumed the inquiry I had before been engaged in.

I should perhaps not have adverted to this my communication with the Poor Law Commissioners, had not my name been published amongst the list of assistants, and it may be supposed that I have been actually so employed by them, and that much of the materials of this work were obtained by that means. But so far from this being the case, my connexion with them, as far as it went, was not only attended with some pecuniary loss, but it greatly added to my difficulties in afterwards obtaining information, as many who had answered the commissioner's circular now refused to give me any reply, supposing me to be acting for them. This circumstance threw considerable difficulties in my way, and greatly increased the labour of my correspondence, a labour of which no accurate idea can be formed from the returns given in the following pages, but which may be somewhat estimated, when I state that I had to solicit returns from the medical attendants and other officers of the principal Dublin Hospitals and Dispensaries, from those of all the county Infirmaries and Fever Hospitals in Ire-

land, from the managers or medical officers of the district Lunatic Asylums, from the medical attendants of as many Dispensaries as I was able to send circulars to, and from all the secretaries to grand juries. Had each answered my communications, (which were invariably sent free of postage,) the inquiry would have been much less laborious than I have found it ; but those who know any thing of these matters are aware, that it is often difficult, if not impossible, to induce many to answer even official letters ; of course, I could not expect that mine should from such meet a different fate.

But as I was anxious to give a tolerably correct general view of the present state of each class of the medical charities of this country, I was determined that no labour I was capable of undergoing, or time that I could devote to the subject, should be spared in obtaining the necessary information. And when I was refused it, or my letter remained unanswered, by the first I applied to, I endeavoured, and often successfully, to procure it through another medical officer, or from one of the members for the county, city, or borough, or the Protestant rector, or parish priest, or some subscriber or governor. And I considered myself fortunate when I was favoured with it, after I had applied to each in succession. But from some, no intreaties could extract a particle of information relative to their institutions, a circumstance which at first appeared unaccountable, but was more intelligible

on further consideration. Of this disposition I shall only give two instances. The surgeon of the infirmary of a midland county in Leinster, is not only the sole medical officer to it, but to an extensive Fever Hospital also. The statistics of this latter institution I have been unable to obtain, but I have good reason to believe, that the population of the city in which it is established, and its vicinity, is chiefly benefited by it. Yet this Hospital was built at the *public* expense, and *I find that it is entirely supported by county and city presentments, there not being a single annual subscriber to it.* It is natural that this medical gentleman should not be over anxious to throw light on such a system, which congregates all or the greater part of the medical charities of a county into one place, and gives the entire attendance to himself. Nor is it likely that any information can be had from the gentleman who is *apothecary to both these Hospitals, who resides in neither, and is allowed to keep a shop and to practise in the city.* The next instance is, if possible, still more instructive; one of my circulars was given to the physician of a Fever Hospital and Dispensary in the west of the County Waterford by one of the subscribers, who requested that he should answer it, and understood him to say he would. But as he did not, and I wrote again on the subject, my friend found that the doctor was not disposed to give any information. On inquiry, I find that *this gentleman resides between three and four miles from*

this Fever Hospital and Dispensary, and as the Duke of Devonshire and two others are the chief subscribers, and the physician is patronized by them, the other governors have no control whatever over him, though they have long felt the great inconvenience of his non-residence. From one so circumstanced, it is almost unreasonable to expect any information, as he must be adverse to the reformation of the medical profession, as well as to that of the defects or abuses of the medical charities.

I am, however, far from insinuating that the Hospitals from which I have not been able to obtain returns, or from which they were procured with much difficulty, are so circumstanced; but it is certain, that about some of them there is an anxiety for concealment which looks very suspicious.

But, on the other hand, many replied to my queries in the most prompt and satisfactory manner, and showed how anxious they were to expose their respective institutions to the open glare of day. From these I obtained all that I could have desired, and I request they will accept of my best thanks for the valuable information they gave, and the promptness with which it was given. I regret that the plan of this work, and other circumstances, did not permit me to acknowledge all these communications, and to give extracts from those that are most important; but should any future occasion require a further consideration of

the subject, I shall be ready and willing to use them, or any others with which I may be favoured.

It will not, I hope, be supposed that the account here given of my connexion with the Poor Law Commissioners is, in the slightest degree, intended to find fault for my not having been employed by them. As far as my immediate interests are concerned, I should rather feel greatly obliged to the board for not having done so. But as I offered my services under circumstances which were considered, by those chiefly concerned, to be creditable to myself, and likely, as they thought, to be useful to the commission, and as the documents I have given, and others in my possession, prove that the commissioners themselves were also of that opinion, I may be permitted to observe, that as none of the four medical inspectors appointed by them ever practised in a country institution in Ireland, and only one in Dublin, and I was admitted to be well conversant with these charities, it is but fair to infer, that the board must have been prejudiced against me by some who perhaps considered that my well known advocacy of medical reform ought to disqualify me from being employed on such inquiry. That there are many, both in and out of the profession, who would rather that, on such a commission, persons should be selected whose feelings and opinions were known to be adverse rather than favourable to such reform, there can be no doubt.

Whether the representations of such, or what other circumstance, influenced the commissioners, I am totally ignorant, having never been informed on the subject, though I made it my business to inquire. But if the objection arose because I was known to be favourable to a reform in the medical institutions of this country, and happened to have been previously occupied in an investigation,* to ascertain whether, or how far, such reform were wanted, I would only meet the first point by observing, that all who have been engaged in the municipal corporation and in the Irish church inquiries, were selected because their opinions were known to be favourable to the reform of such defects or abuses as required to be corrected; and in regard to the second, I have always understood that one who has devoted some attention to a particular question, and has made himself somewhat practically acquainted with its difficulties and details, is more likely, *cæteris paribus*, to investigate it usefully, than others who are differently circumstanced.

I have thought it necessary, in justice to myself, to say so much, which I hope will not be imputed to any degree of egotism, or the least desire to

* To my astonishment, this objection was actually stated by one of the chief commissioners whom I met in London. Were this principle to be acted on, he who happens to be the most ignorant on any particular subject, is the fittest to be employed in investigating it; and *vice versa*.

throw blame on others, but merely to show, that if any representations have been made to the commissioners, with a view to prove me less fit to be employed than I was considered by the two noblemen that recommended me, by Dr. Murray and Mr. M. O'Ferrall, and even by the board itself, in reply to a letter of mine, offering to give certain information to them, I am quite ignorant of it. I therefore feel, that under all these circumstances, I am justified in considering myself in no way affected by my offer not having been accepted by the commissioners.

Whatever opinion the reader may entertain respecting the design of the following work, none will be more ready than the writer to admit, how imperfect it is in point of execution. By this admission he is far from deprecating such criticism, as its errors or imperfections justly require. But he hopes the circumstances under which it has been composed and published will, at least, be candidly considered. A practitioner having daily avocations which he cannot give up without loss or inconvenience, cannot often absent himself in search of information, however certain of obtaining it; and one residing at such a distance from Dublin, and invested with no official authority, must at all times find it difficult to procure such documents as he could wish, at least of that extent and accuracy which would enable him to draw any general conclusions from them. But when to this is added, as in the present instance,

that whilst endeavouring to collect and make use of the materials necessary for the work, the writer's time has been so much occupied with the ordinary labours of his profession, defects of composition, and even the want of accurate arrangement, may, it is hoped, be somewhat overlooked. In fact, it has been written under such difficulties, that it was often impracticable to compare the preceding parts with that which the writer was engaged on, and hence, repetitions and redundancies occur, which more leisure would have readily avoided. For such errors,—I do not know if they can be called venial,—some allowance will, I expect, be made, provided the matter be found such as to merit even a moderate share of approval. How far the design of the work, the documents, returns, and tables* I have given, and the suggestions made, may appear entitled to be viewed in this favourable light, remains for the judgment of the public. But as, throughout, my sole desire has been to give such facts as might enable others as well as myself to arrive at a correct understanding of the subject, that the objects I have in view may be more readily and speedily accomplished, viz. to insure a better attendance to the sick poor, and to benefit the medical profession, without unnecessarily burdening the public for the expenses to be incurred, so I am most anxious, that if, in any material points, whether in matters

* It is a positive fact, that more time and labour were expended on the Tables, than on the whole of the work beside.

of fact or opinion, I have been unintentionally led into error, such errors should be freely exposed, and the truth only established.

I might, it is true, by delaying the publication of the work, endeavour to remedy some of the imperfections I allude to ; but I much prefer sending it forth with all its faults, for the following reasons, amongst others :

I was one of the few Irish country practitioners that were examined before the Medical Education Committee last year. A good deal of my examination related to county Infirmaries, Fever Hospitals, and Dispensaries, but from the extensive nature of the subject, and the difficulty of giving a sufficient number of facts, and of recollecting matters necessary to be described, during the short period to which these *viva voce* examinations are limited, my evidence on that occasion was less explanatory than I could wish, though the substance of it is nearly similar to the four or five first chapters of this work. I am anxious that on the publication of that evidence, and before the Report of the committee is made, such additional matter as I have been since able to collect and arrange may be also before the profession and the committee, which, were it long delayed, could not be the case. I confess myself to be somewhat influenced by another motive. Whilst attending the committee, I had an opportunity of hearing the evidence of eminent professional Dublin gentlemen ; and whilst admiring,

as I always have and still do, the talents of those gentlemen, I was much struck with their opinions on those points of reform that most related to the medical institutions of Ireland. I hope it will be considered no disrespect to those gentlemen, to state my decided belief, that some opinions which they gave, must, if adopted by the committee, and acted on by the legislature, be eminently injurious, not only to the sick poor of Ireland, but to the great majority of the medical profession in this country. These opinions, I am quite sure, were given only because they were the honest conviction of those who expressed them, and in consequence of the impression made on them from their habits, and the situations in which they have long been placed. But as I believe them to be very erroneous, and have reason to apprehend, that in drawing up their Report, the Commissioners of Irish Poor Inquiry may be a good deal influenced by the advice and opinions of these Dublin gentlemen, and that the Irish government, or such Irish members as may take a share in preparing any bill to regulate the medical profession, or the Hospitals, &c. of Ireland, are also likely to consult and be a good deal guided by them; I feel anxious, for these reasons, that this work should not be delayed; and that at least the facts, and such reasoning as it contains, may be placed in juxta position with their evidence and opinions.

If any medical statistics similar to those in the

Tables Nos. II. VI. and IX., relating to the Dublin and county Infirmaries, and the Fever Hospitals, have been published, I am ignorant of them, though I have made inquiry on the subject. Having, therefore, nothing to guide or assist me, and being entirely dependent on the will of the medical officers of these institutions, nothing like accuracy or perfection could be arrived at. But such as they are, I am not without hopes, that these may lead the way to a more minute inquiry and a better understanding of a matter of much importance to the sick poor and the medical profession.

It may perhaps be objected to the suggestions here offered for a "medical poor law," that by it the provision made is only optional with, not compulsory on the rate payers; and it may be supposed that, therefore, sufficient sums would not on many occasions be granted by the latter. This is a mere matter of opinion, but I can scarcely think such would be the result. Still there could be no harm, and no difficulty in connecting with it such machinery as would authorize the Irish executive to establish such institutions as were reported by their inspectors, or such other authorities as might be employed, to be essentially necessary, either for temporary or permanent purposes, as in the case of district Lunatic Asylums, so that whenever the optional plan failed to be acted on by the local authorities, the higher would be at liberty to interfere; and I will

not deny, that there may be some districts in which such interference would probably become necessary.

A work of this nature can only be desirable to those members of the legislature who feel an interest in the improvement of such institutions as are considered likely to be useful to the sick poor, to the medical profession, and to such governors of Hospitals, Dispensaries, &c., as are anxious to improve their respective institutions. If it answer the purpose, even though but imperfectly, of turning the attention of these respectable classes to a subject as yet but indifferently understood, I shall consider my time and labour to be amply repaid.

D. P.

CLONMEL,
July 18, 1835.

TABLE OF CONTENTS.

	Page
DEDICATION	iii
Preface	v
Introduction	1
Probable number of medical charities, their income, expenditure, &c.	2
Necessity for, and advantages arising from medical charities to all classes	4
Facts in proof of the Infirmaries, Fever Hospitals, and Dispensaries of Ireland, being quite insufficient to meet the wants of the sick poor	18

CHAPTER I.

Classification of Irish medical charities	19
Diversity in their constitution and management	20

CHAPTER II.

Acts relating to Irish medical charities	20
County Infirmaries	20, 25
Dublin County Infirmary	25
Fever Hospitals	26, 28
Dispensaries	28
District Lunatic Asylums	28, 30
Houses of Industry	31, 32

CHAPTER III.

Dublin Infirmaries	33
Statistic returns necessary to prove the defects of the Irish Infirmary system	ib.
Medical statistics of eight Dublin Hospitals	33, 34
Parliamentary grants to Dublin Hospitals	35

CHAPTER IV.

Provincial Infirmaries	38
Reports of the Board of Health on	ib.

	Page
Circumstances tending to show that they have not been considered efficient; opinions of Messrs. Latouche, Disney and Renny on	38, 39
Queries of the Board of Health respecting county Infirmaries	40
Advantages of County Infirmaries	42, 43
Defects of	43, 44
First defect,—inconvenient sites of many	44, 47
Circular addressed by the Author, in 1828, to the medical officers of English and Irish Infirmaries, for statistic returns; substance of the information obtained	47, 48
Circular issued in 1833 for the same purpose	48
Substance of the information obtained	48, 49
Extracts from the answers, proving that the population immediately contiguous to Infirmaries is chiefly benefited by them	49, 53
Second defect,—vesting the power of establishing a second Hospital in each county in the governors of that first erected	53
Proofs of this defect	54, 56
Third defect,—monopoly of the physicians and surgeons of the Dublin Colleges; loss of funds to the charities in consequence	56, 57
Fourth defect,—providing public funds, these being insufficient; proofs of this defect, and observations on	57, 64
Fifth defect,—the want of a proper control and inspections	64
Opinions of Messrs. Latouche, Disney, and Renny, on the inefficiency of county Infirmaries	66
Sixth defect,—the annual subscription being too high; injuries arising from	68, 71
Governors empowered to appoint a <i>mere</i> physician as the sole medical officer of a county Infirmary	73
Eighth and ninth defects,—the non-appointment of a second medical officer, or of a house surgeon (apothecary)	ib.
Injuries arising from; considerations on	75, 81
Tenth defect,—the want of efficient medical aid for the sick poor of the districts contiguous to Infirmaries	81
How the sick poor of any district ought to be attended	82, 83
Most Infirmaries make no provision for attendance on fever cases or on <i>home</i> patients; proofs of, and statistical returns on	83, 90
Eleventh defect,—want of exertion on the part of the governors to obtain funds; proofs of	91, 92
Twelfth and thirteenth defects,—insufficiency of funds and of beds	92
Information given by the Board of Health insufficient	93
Proof of both defects	93, 104
Residence of surgeons in Infirmaries	104
Residence of the chief medical officers considered; when in extensive practice, injury to the charity; objections to	134, 105
Rooms occupied by them should be appropriated to patients	105
Erecting houses for the chief medical officers out of the charity funds an abuse; Wexford and Mayo given as instances	108, 110
Infirmary treasurers	110
Influence of the treasurer in the elections of medical officers; how unfairly exercised; Wexford given as an instance	111, 113
Governors of Infirmaries; irregularity of their meetings	114
Resident gentry not interested in the well management of Infirmaries; proofs of, from such irregularity	117

	Page
Union of the situations of surgeon and apothecary of county Infirmaries in one person ; its disadvantages . . .	117
Objections to a union of these situations . . .	118

CHAPTER V.

Advantages and defects of Fever Hospitals . . .	119
Extracts from the Reports from the officers of forty Fever Hospitals . . .	119, 140
Advantages of Fever Hospitals . . .	140
These advantages capable of being greatly extended . . .	141
Defects of Fever Hospitals . . .	ib.
First defect—subscriptions <i>a sine qua non</i> for their establishment and support ; its consequences . . .	ib.
Second defect—not always established where most required . . .	ib.
Third defect—exclusion of patients anxious to obtain admission . . .	141, 142
Fourth defect—existing Hospitals not made as useful as they are capable of ; causes and instances of . . .	142
In the counties where they are most numerous, not one half of the population enabled to send patients to them ; cause of . . .	143
Fifth defect—fixing the site in county towns . . .	143, 144
Sixth defect—regulations of the managing committees injurious . . .	144
Advantages and defects of Dispensaries . . .	145
Probable number in Ireland ; estimate of patients annually attended at ; benefits from . . .	145
First defect—local contributions <i>a sine qua non</i> ; hence they are not established in numerous places where wanted . . .	146
Second defect—districts of many by far too populous and extensive for one medical officer . . .	
Third defect—salaries of medical officers disproportioned to their duties . . .	147
Fourth defect—non-residence of medical officers . . .	
Fifth defect—appointment of incompetent medical officers . . .	148
Sixth defect—evils attending the mode of electing medical officers ; instances of political and religious feelings . . .	148, 151
Seventh defect—the want of any efficient control over the committees and medical officers . . .	152, 154
Effects of party appointments ; some Dispensaries an injury, not a benefit to the sick poor . . .	ib.
Eighth defect—funds greatly abused by governors recommending unfit objects ; consequences of . . .	155, 158
Ninth defect—boundaries of Dispensary districts being undefined ; injuries arising from . . .	159
Additional observations on the inefficiency of the medical charities of Ireland . . .	160
Statistic returns in proof of . . .	160, 161
Evidence given by Mr. Bicheno, Dr. Doyle, and Mr. Ensor, respecting the medical charities of Ireland . . .	160, 162
Doubts expressed whether these gentlemen had much practical knowledge of the subject ; and facts given in support of these doubts . . .	164, 166

CHAPTER VI.

Suggestions for a medical poor law for Ireland . . .	166
--	-----

	Page
Circumstances under which a medical poor law would be most effective	166, 167
Establishment of district general Hospitals	167
Principles on which it is proposed to establish them	ib.
Establishment of district Dispensaries	168
Principles on which it is proposed to establish them	ib.
Probable expense of erecting and establishing a sufficient number of district general Hospitals and Dispensaries for all Ireland	167, 168 169
Probable annual expense of such Hospitals and Dispensaries	170
Sources from whence funds may be raised to support such Hospitals and Dispensaries	170, 171
Reasons for the foregoing plan of a medical poor law	171
Arguments in favour of several small district Hospitals in preference to a few large ones	172
Probable number of beds required for a given population	173
Hospital or Dispensary should admit patients from the country on every side within a certain distance	174
General Hospitals should admit fever patients ; safety of such practice ; authorities for	174, 176
Necessity of a resident house surgeon (apothecary) in each general Hospital	177
Proportion which medical officers should bear to the number of beds ; opinions of Drs. Walker and Clarkson on	177, 178
Circular to English physicians and surgeons, and answers of Drs. Hastings, Forbes, Brown, &c.—their opinions unfavourable to Irish Infirmaries	179, 182
Supernumerary medical officers to Hospitals not desirable	183
Utility of appointing more than one medical officer to every provincial Infirmary, however small ; reasons for this opinion	184
Gratuitous medical attendance disapproved of ; unfit for Ireland, though apparently well adapted for England	185, 186
Gratuitous attendance on Hospitals and on Dispensaries, separately considered ; may be advantageous in large cities, but in these only	186
Opinions of Messrs. Latouche, Disney, and Renny on	189
How the sick poor can be well attended with the least possible expense to the public	190
Facts and statistic returns in favour of a combined system of Hospital and Dispensary attendance	191, 192
Admission of slight cases into Hospitals improper ; reasons for this opinion ; the Rev. C. Oxenden and Dr. Walker on	192, 195
Advantages of allowing the neighbouring practitioners and medical students to be present at consultations and operations, and to see the practice of general Hospitals	199, 200
Hospitals in Ireland should be built in a plain but substantial manner ; reasons and authorities for this opinion	201, 202
Advantages of erecting houses for Dispensary officers considered	203
Benefits likely to result from the erection and establishment of Hospitals and Dispensary houses—considered in reference to its effects on the labouring poor	203, 204
Objections to such outlay of public money considered	204, 205
Necessity of abolishing private subscriptions, and of raising the entire funds for the establishment and support of Hospitals and Dispensaries by public assessment considered ; authorities in favour of	208

CONTENTS.

xxx

	Page
Probable annual landed rental of Ireland, and estimate of the annual rental of houses in cities and towns	208
Reasons for charging half the assessment on the land and house owners—the other half on the holders	209
One per cent. on each sufficient to support all the medical charities necessary for Ireland	210
Objections to this double assessment considered	211, 213
Appointment of governors to medical charities	214
Objections to the present mode, and suggestions that only rate-payers of a certain amount be eligible; advantages of such appointments	214, 215
Mode of ascertaining the objects entitled to receive relief from medical institutions	215
Advantages of such a system considered	216, 217
Self-supporting Dispensaries not likely to succeed in Ireland	218
Plan of Dispensary founded by the Rev. C. Oxenden, considered unlikely to succeed in Ireland	219
Modification of Dr. Smith's self-supporting Dispensary practicable; advantages of such modified plan considered	219, 220
Dr. Storer's views on the constitution of dispensaries approved of	220, 224
Modified Dispensary plan proposed by the author; objects to be kept in view, and advantages attending it	225
On Boards of Health and officers of health	226
Objections to these acts on the score of inefficiency and other causes	226, 228

CHAPTER VII.

District and other Lunatic Asylums	230
Number, intended accommodation, and cost of establishing	ib.
Return of all the lunatics and idiots confined in Ireland	231, 233
Extracts from the Reports of the inspectors general of prisons on district Lunatic Asylums	234, 237
Admission of incurable cases found a serious evil	237, 238
No accurate account yet given of the insane not confined	239, 240
Insufficient provision for the lunatic poor	241
Objections to the plan suggested by the inspectors general of prisons, for affording further accommodation for the incurable insane poor	241, 242
County establishments for this class considered better and less expensive; reasons for, and objections to, considered	242, 247
Mr. Sayers' views on a provision for the incurable insane poor similar to the Author's	248

CHAPTER VIII.

Provision for the incurable sick poor; Incurable Hospital in Dublin; Houses of Industry	249
Necessity of a provision for the incurable sick poor	249, 250
Dublin Incurable Hospital—chiefly useful to those residing near it	250
Instances of the wretched condition of the incurable poor	251
Statistics of Houses of Industry; incurables excluded from them and from Infirmarys	252

	Page
Present law and regulations respecting the admission of infirm and vagrants into Houses of Industry—considered and objected to	253, 254

CHAPTER IX.

Dublin medical charities	256
Considerable sum annually granted by parliament to	ib.
The same principle not adopted as regards the medical institutions of other large cities and towns, and causes of such distinction	257
Favour shewn Dublin exemplified by the discontinuance of the usual grant of £200 a year to the Cork Lock Hospital, whilst that in Dublin obtains £2900 per annum	258
Westmoreland Lock Hospital chiefly useful to the contiguous counties ; statistic in proof of	259
Annual expenditure of the fever wards of the New Meath Hospital paid by the Treasury ; county Dublin thus exempted from supporting its only Fever Hospital	259
Extract from Sir A. Halliday's work, shewing that the credit of establishing district Lunatic Asylums in Ireland is due to Mr. S. Rice	261

CHAPTER X.

Inspectors of medical charities	262
Inspection of public institutions necessary ; opinion of the Dublin Hospital Commissioners on	263
Greater necessity for inspecting medical than other institutions	263
Medical men only competent for such inspections ; reasons for this opinion as regards Infirmeries and Fever Hospitals	263, 270
Also as regards Lunatic Asylums and Dispensaries	271
Proposed inspectors not admissible in England ; reasons for such opinion	271
Great practical knowledge of Mr. S. Rice on the subject of Irish medical charities	271
Act of 1832 passed by that gentleman, with the view of instituting a sufficient inspection and control over presented charities	272
Causes of the inefficiency of Mr. Rice's act	273
Proof of the necessity of inspectors of medical charities from the sums expended on the latter	274
Proofs that none but medical men are competent to inspect efficiently	275, 277
Number of medical institutions to be inspected	278
Preference of a few, or provincial, inspectors to several local or county officers	279
Mode in which the inspectors should perform their duties	280, 281
Good effects of such inspections ; facility of obtaining a complete medical statistic of Ireland by such means	282, 283
Observations on the " Report on the Charitable Institutions of the County of Cork ;" defects of this Report	283, 287
Statistics of Lunatic Asylums, and facts connected with them, given to show that non-medical persons are incompetent to inspect medical institutions	288, 289

CONTENTS.

xxxiii

	Page
Circulars, or inquiries, by public boards, insufficient to obtain accurate information respecting medical charities . . .	290
Suggestions made by the Author to Mr. More O'Ferrall, on the insufficiency of the circulars of the Irish Poor Law Commissioners . . .	291
Medical inspectors under the commission, not practically acquainted with Irish medical institutions . . .	ib.

CHAPTER XI.

Expediency of a fund for supplying suitable food, drink, &c., to the sick poor . . .	292
Association for the Relief of the Sick Poor in Waterford, Cork, Sligo, and Cove—benefits conferred by such societies, which are confined to a few places . . .	292, 296
Proof of the necessity of such fund from the communications of the Rev. L. O'Donnell, of Galway; Dr. Jacob, of Maryborough; and Dr. Waters, of Parsonstown . . .	296, 298
Account of the Dublin South Eastern Clothing and Nourishment Society; Reports of, highly creditable to the medical profession, and prove how much such a fund is wanted . . .	298, 299
Connexion of this part of the subject with poor laws, but not necessarily connected . . .	300
Question of poor law not sufficiently discussed or understood in Ireland; that of provision for the sick poor should not be affected by it . . .	ib.
Many patriotic and intelligent persons at present object to a poor law, beyond that which would provide for the sick, infirm, and disabled . . .	ib.
Motives which induce the Author to avoid giving any opinion on the question of poor laws . . .	300
Board of public charities . . .	301
Necessity for the appointment of such board—advantages derivable from it . . .	302
Mr. Wyse highly qualified to elucidate the subject . . .	303
Facts in proof of the necessity of such board . . .	303, 309
On the instruction of midwives and nurse-tenders . . .	310
Majority of Irish midwives and nurse-tenders grossly incompetent . . .	ib.
Act to facilitate the instruction of midwives—Dublin Lying-in Hospital . . .	310, 311
Plan suggested by which midwives and nurse-tenders could be well instructed at a moderate expense; advantages to the public from such instruction . . .	312, 313

APPENDIX.

Circular No. I.	315, 319
II.	ib.
III.	321
IV.	322
V.	324

The reader is requested to strike out the words "But to return from this digression on the subject of Lunatic Asylums," in page 261, and to consider the remainder of that page, and the whole of the next to the commencement of the tenth Chapter, as a continuation of the seventh, following the extract from Mr. Seyer in page 249.



INTRODUCTION.

TH**ERE** are no public documents to enable us to ascertain the exact number, or the entire expenditure, of the medical charities of Ireland, though in no country could such be furnished with equal facility, as the greater part of these institutions receive public aid in one shape or other. In the reports of the "Commissioners for auditing Public Accounts in Ireland," and published by order of the House of Commons, we have a short account of the Dublin hospitals, and of all the county infirmaries; and a return made by the different district lunatic asylums, and printed by the same authority, gives a very satisfactory view of these charities. The parliamentary report of 1832, though very defective, still gives much information as to the number, expense, &c. of fever hospitals. There never has been any report on dispensaries, which appears extraordinary, as considerable sums are expended on them, nearly one-half of which is raised by county presentments, affording a correct record, which there would be little trouble and no great expense in publishing. I have myself taken considerable pains to ascertain the number of medical charities in this country, the expenditure of each, the number of patients attended, &c., but though I have got a good deal of information on the subject, I have not yet had returns from all. The following is, therefore, given, not as an accurate account, but one which, I think, will be found nearly so:

Dublin hospitals (exclusive of several lying-in hospitals and ophthalmic institutions lately established),	7
County and other provincial infirmaries, ...	38
Fever hospitals, including three in Dublin, ...	64
Dispensaries, ...	528
District lunatic asylums, including the Cork asylum,	11
Total	648

The following will give a tolerably accurate view of the annual expenditure of these charities :

Dublin hospitals, ...	£28,701
Provincial hospitals, or infirmaries, as they are usually called, ...	26,426
Provincial fever hospitals, ...	13,607
Dispensaries, ...	60,000
District lunatic asylums, ...	22,965
Total annual expenditure	£151,699

To the above we may add £10,000, which is probably under the sum expended on the medical business of work-houses, and the lunatic asylums connected with them, making, in all, for public medical charities, an expenditure of about £161,699 per year, and in which I do not include the funds raised for a considerable number of medical institutions *entirely* supported by subscriptions, amongst which are a few fever hospitals, several dispensaries, and a considerable number of lying-in and ophthalmic institutions, the entire expense of which cannot be under £14,000 a year.

The sources from whence this expenditure is supplied, are :

Treasury grants to county infirmaries, and Limerick fever hospital, deducting pells and poundage, ...	£ 2,653
Annual parliamentary grants to Dublin hospitals,	14,374
County presentments for public charities, ...	82,839
	£99,866

<i>Brought forward,</i>	£99,866
Subscriptions and donations for the above 648 cha-	
rities,	39,078
Petit sessions and other fines,	1,742
Produce of property belonging to several of the hos-	
pitals,	23,225
Total	£163,911

All these items, except those for fever hospitals and dispensaries must be correct, as they are taken from official documents. The exceptions are estimated thus: the above alluded to parliamentary report gives an account of forty-six provincial fever hospitals, which, on an average of the years 1829, 1830, and 1831, cost £9,993 10s. 4d. per annum, exclusive of the expenditure of the Dublin fever hospitals. There are, at least, fifteen more that have not been included in the report of 1832, which I know to be on as extensive a scale as those that are. The entire annual expense of these sixty-one provincial hospitals would, therefore, be about £13,607, and the annual presentments for them about £9,000. I am in possession of returns respecting the dispensaries of twenty-one counties, which I think are pretty accurate: they contain 340, and the annual presentments for them is £18,625 14s. 5d. With the exception of Mayo, I believe the remaining eleven counties contain dispensaries in as great proportion, and present for them at about the same rate. In that case the entire number must be about 518, and the yearly presentments £28,900. Those of the cities of Dublin, Cork, Waterford, Limerick, Kilkenny, and Galway, are not here included, and are about ten more, making for all Ireland 528 dispensaries; the presentments about £30,000. This sum, doubled, will give the annual expense, as the grand juries cannot present more, though they may, and often do, less than the amount of subscriptions and donations.

The amount of petit sessions fines, marked above, is that paid into the treasurers of county infirmaries; but this sum

must fall considerably short of that yearly received at these courts, much of these fines being, I know, handed over to other charities, though illegally.

It is impossible at present to ascertain the exact amount of subscriptions and donations annually paid to all these charities, but when the official accounts are published, I think it will be nearly £50,000 a year.

From this brief account of the numbers and the yearly expense of the mere medical charities of this country, or rather of those chiefly for whose support public aid is granted, their great importance will be at once seen; were they viewed merely in a financial sense, the sum annually raised off the public, both directly and indirectly, for their support, probably not less than £150,000 a year, would be a fair subject for the consideration of the political economist. But these institutions must be looked on very differently by every enlightened and humane individual, who wishes the improvement of Ireland, and has any knowledge of the condition of its people. When it is recollected, that, even during the most plentiful seasons, a great portion of the population of this country is in want of the common necessities of life—that contagious fevers constantly exist more or less in every county and in every town in the kingdom, but which, whilst food is only moderately cheap, seldom affect any very considerable number—that the condition, and I am sorry to be obliged to add, the habits of many are such as, on the occurrence of famine and distress, to greatly favour the origin and the rapid extension of that or of any other contagious disease amongst the poor, from whom it is sure to be communicated to the more comfortable classes, a circumstance well known to have frequently taken place within the last forty years—the great value of so many medical institutions for the relief of the sick poor, and to check the progress of contagious diseases, must at once be admitted. In the following pages I shall give several instances of the utility of fever hospitals and dispensaries in preventing, in checking,

and in curing fever. And when the condition of the poor is considered, and it is known that in these institutions we have such valuable resources, without which, in fact, a deficient potato crop, or a scarcity of food in any way produced, must be sure to renew those frightful epidemic fevers which we have already so often experienced, it will be seen that these charities are essentially and indispensably necessary for Ireland. Some instances will, and many more might be, given, of places in which fever raged for years, sweeping away numbers of the poor and not a few of the rich, where the establishment of well regulated fever hospitals, or even of well managed dispensaries, gave such a check to its ravages, that contagious or malignant fevers but very rarely now occur. And though in such districts famine and distress have again and again recurred, and the same causes still exist to favour the origin or extension of this Irish plague, the means placed at the disposal of the governors and medical officers of these institutions have been productive of the most gratifying results. In such localities, as far as the sphere of the hospital or dispensary extends, fever, it will be seen, has become much more rare amongst the poor, the rich are but seldom attacked; and, where many valuable lives had been annually lost before the establishment of a fever hospital and dispensary, that disease is not only lessened in frequency, but, what is still more remarkable and gratifying, it is of a far milder character.

When we find numerous facts of this kind clearly and indisputably established by the reports of persons having daily opportunities of witnessing them, and on whose evidence no suspicion can rest, and at the same time know, that, in many towns and districts, similarly circumstanced in respect to the comforts and habits of the population, but in which no fever hospital or well managed dispensary has been in operation, fever has been much more frequent, more virulent and fatal, we surely cannot, or at least ought not, be blind to the great advantages which both poor and rich de-

rive from well regulated medical charities ; nor to the numerous miseries which are suffered by the poor where no such institutions have been established, or in districts too remote to enable them to derive any adequate benefit from those which are perhaps within some miles of them.

There is, I believe, no country, with a moderately dense population, in which we shall not find that a great number are unable to provide themselves with *efficient* medical aid when seriously ill. Even in wealthy England, a vast number of the working classes apply to the hospitals and dispensaries for advice and medicines. Dr. Walker, of Huddersfield, a very high authority, has ascertained that "little less than 70,000 objects are annually relieved at the London hospitals," independent of the still greater number receiving medical aid from the twenty dispensaries of that great and wealthy city. In the commercial and wealthy town of Liverpool, he informs us that in one year, (1826,) no less than 32,000 patients had been admitted to the three dispensaries of that place, of whom 9604 were visited at their residences; and that in one year little less than 36,000 objects received relief from the medical charities of that town. On examining the Rev. Mr. Oxendon's valuable "Statistical Report of the principal provincial Hospitals in England," I find that, not alone in such commercial and manufacturing places as Bristol, Leeds, Manchester, Birmingham, Sheffield, (whose five hospitals alone give medical aid to 40,796 patients yearly, independent of a probably still greater number attended by the dispensaries,) and the like, a great proportion of the population receive gratuitous medical aid, but that in the districts which, according to Marshall's Parliamentary Digest, are purely agricultural, great numbers of the working classes are relieved by these charities; and this, it should be recollected, independent of those attended by the parish medical officers. When we find this to be the case in England, where the tradesmen and the manufacturing and agricultural

labourers are so much more comfortable and better paid than in Ireland, we may be certain, that, with equal facilities to obtain medical advice from hospitals and dispensaries, a still greater number would here be found to apply for it. And accordingly we find this to be the case. From returns with which I have been supplied, through the kindness of the medical officers of the different charities in Dublin, and from other documents, it appears that the number of patients *recommended* in one year to five dispensaries in that city, viz. the Dublin General Dispensary, Talbot, Meath-street, George's, and South Eastern, is not less than 55,705, and that the medical attendants of the Mendicity Institution had charge of 9887 ; that at the Baggot-street, Mercer's, new Meath, and Jervis-street hospitals, and the Coombe Lying-in Hospital, 167,772 *prescriptions* were dispensed to *externs* during the same period ; that at the Institution for the Diseases of Children, and at two others, for diseases of the skin, 12,000 were attended ; and that thirteen hospitals received 15,566 *intern* patients, of whom 5700 were fever cases. If we calculate that each extern patient attends four times, which is considered by many a fair average, then the number of individuals relieved at the above five hospitals is no less than 41,943 annually, making a total of 135,091 individuals receiving gratuitous medical assistance in the city of Dublin in one year, (1833,) when neither fever, nor any other disease, was particularly prevalent. I shall hereafter show how small a portion of the hospital *interns* came from beyond the precincts of that city, and, lest it be supposed that the surrounding country furnishes any considerable number of the *externs*, it may not be amiss to observe, that, for a population of less than 120,000 of the county of Dublin there are twenty-one dispensaries. In the city of Cork, the north and south infirmaries and the fever hospital treated 1603 *interns*, and 21,179 *externs* in one year, and the dispensary 12,062, of whom 2947 were repeatedly visited at their own resi-

dences; in all 34,844. In Clonmel the Fever Hospital interns and the extern recommendations, on an average of five years, were 5771 annually, about three-fourths of whom were residents of the town and suburbs. The following table will more clearly show the proportion of sick poor relieved by the medical charities of three places in each kingdom :

Place.	Population.	Number of Sick in one Year.	Proportion of Sick to the whole population.
London,	1,500,000	270,000	1 to $5\frac{5}{9}$
Liverpool,	200,000	36,000	1 to $5\frac{5}{9}$
Manchester,	227,000	18,951	1 to 12
Dublin city,	265,000	135,091	1 to 2
Cork city,	115,000	34,844	1 to $3\frac{1}{2}$
Clonmel,	17,000	4,329	1 to $3\frac{7}{8}$

I have here assumed that each of the London dispensaries gives medical aid to 10,000 persons yearly, which, in a city of such resources and population, is only a moderate number.

From these and numerous similar facts, which could be given, it is evident that both in England and in Ireland a considerable portion of the people of each country find it necessary to apply for professional assistance to the medical charities; but that the proportion in this kingdom is greater from well known causes, viz. poverty and bad habits inducing disease, and rendering tradesmen, small farmers, and labourers, when overtaken by any serious illness, unable to pay for advice or medicines. As, therefore, in wealthy England we know that so great a proportion of the population do actually apply for advice to the medical charities, and, as might be expected from the condition and habits of the Irish, a still greater here, it may be fairly assumed, from

these and other circumstances which have been alluded to, that, in this country, these institutions are indispensably necessary, and that without them there would be no safety for the health or lives of either rich or poor. The medical charities are in fact the *poor law* of Ireland, always, when well managed, and as far as their sphere of action and the extent of their funds admit, conferring vast benefits on the sick poor, chiefly by means of the professional assistance they administer. They are also, though in a much less limited way than could be wished, the *medium* of supplying the same class with food and drink, sometimes with clothes, fuel, or bedding. And they often enable the wealthy and the middle classes to obtain professional assistance more satisfactorily, and at less expense, by locating well educated practitioners in country districts, where, but for such institutions, there would not be sufficient inducement for them to settle.

It is therefore clear that the medical charities of Ireland are productive of great advantages to all classes of its inhabitants; that the benefits they confer are not confined alone to the sick poor, but extend very widely, and embrace even those who are able to pay for professional advice. It becomes then a subject of no small importance to inquire whether these institutions are numerous enough, possess sufficient funds, and are so managed as *to be capable of affording adequate professional aid to the sick poor of Ireland*. This, it is well known, they are not; for though in particular places, the most efficient relief is given to the sick poor of every class within a certain district, I shall have to give proofs, which I believe cannot be controverted, that numerous as our medical charities are, and large as the sums appear which are annually expended in their support, a vast portion of the sick poor of this country neither do, nor can obtain relief by their means; and, as there are no other substitutes for them, that great suffering, the loss of numerous lives annually, and other serious injuries are the conse-

quences. When treating of each class of these institutions I shall show how far they are defective and inadequate to meet the wants of those for whom chiefly they were intended. At present I shall only give the following facts in proof of the insufficiency of our infirmaries, fever hospitals, and dispensaries.

Number, Extent, &c. of English Infirmaries.

1st. The London hospitals for mere medical and surgical patients, exclusive of those for fevers, ophthalmic, venereal, and lying-in cases, contain at least 2,600 beds. If we suppose that these afford sufficient infirmary accommodation to the population of that city and those counties immediately adjoining it, viz. Surrey, Hertfordshire, Buckinghamshire, and Berkshire, (in which I am not aware that there are any such institutions,) the remaining population of England will be about 10,811,000, that of the metropolis and these four counties being about 2,280,000, which is one bed for every 877 persons.

2d. From the Rev. Mr. Oxendon's valuable tables, and other sources of information, I find that in twenty-six English counties, whose population is 9,423,175, there are, at least, 3,573 infirmary beds, exclusive of others of which we have no correct returns. This gives one bed for every 2,692 of that population. Doctor Walker informs me, that the English provincial hospitals, not including houses of recovery or lunatic asylums, contain above 4,000 beds, "probably," he adds, "not less than 4,500." If taken at 4,250 there will then be one infirmary bed for every 2,543 of the above population of 10,811,000; and the proportion of beds which the London and provincial infirmaries altogether contain, viz. about 6,850, is to the whole population of England (13,086,675) as one to 1911. And let it be recollected, that these are independent of the numerous parish work-

houses, a species of charities of which there are only eight or ten in Ireland, (but which here are county workhouses,) which admit a great number of bad surgical and medical cases, generally chronic and incurable it is true, but such as I shall show often occupy the too scanty wards of our Irish hospitals.

3d. The infirmaries of twenty-six English counties admitted 21,145 intern patients in 1828, being one for every 403 of the whole population.

4th. The expenditure of the twenty-seven infirmaries of twenty-four English counties, (all that are given in Mr. Oxendon's tables,) which admitted 20,705 interns, was £82,975 in one year. Their population is 9,010,575, and were each individual equally assessed for the payment of this sum, it would be about £9 3s. 4d. for every 1,000 persons.

Number, Extent, &c. of Irish Infirmaries.

5th. The population of the city and county of Dublin is 386,694. Excluding, as in London, the hospitals for fever cases, lying-in women, &c., the Dublin hospitals contain about 685 beds, or in the proportion of one bed to 564 persons. By this it appears, that, compared with the population which they have to accommodate, there are more infirmary beds in Dublin than in London. But the Irish provincial infirmaries contain only 1,262 beds, or one for every 5,827 of the population of Ireland excluding that of Dublin city and county. The total of infirmary accommodation in all Ireland is only 1947 beds, which is in the proportion of one bed to every 4,000 of the population. And let it be borne in mind, that there are no institutions like the English parish workhouses, to act as temporary substitutes here, the few county work-houses, eight or ten, being on too limited a scale, and chiefly appropriated to other purposes.

6th. The Dublin hospitals, (of the infirmary class), ad-

mitted 7,114 interns in one year; of these 4,795 were residents of the city, and a circle of about five miles around it; the remaining 2,319 came from beyond that distance; several from the more remote counties. Taking the population of Dublin, and of the country for five miles around it, to be 315,000, there was then one hospital intern for every sixty-six persons residing in the city and within that circle.

7th. On an average of three years' returns, (1825, 1828, and 1832), all the Irish county infirmaries admitted 7,846 interns annually; and the others belonging to cities and towns, 2,104, making a total, for all the provincial infirmaries, of 9,950 interns in a year, which is in the proportion of one to every 746 of the population. But if we add to this number those admitted into the Dublin hospitals, and who resided in the country, viz. 2319, we shall have a total of 12,269, which is in the proportion of one to 608 persons.

8th. A population of about 120,000, that of the city and suburbs of Cork, supplies the north and south infirmaries with 337 interns yearly; that of Waterford and suburbs is about 33,000, and it sends an average of 430 interns to the leper hospital yearly. About 66,000 in Limerick and its liberties, supply the Barrington (city) hospital with 457 interns; the cities of Kilkenny and Londonderry, and the towns of Wexford and Mallow, whose joint population is about 62,000, supply the four county hospitals with 328 interns annually; whilst from the remaining population of the counties of Kilkenny, Londonderry, Wexford, and Cork, viz., 1,514,777, (excluding that for the city of Cork and suburbs), only 958 patients were admitted. This gives 1,552 intern patients for a total population of 281,000, of seven cities and towns, or in the proportion of one to 181, whilst the remaining population of these six counties, amounting to 1,695,000 is only accommodated with beds for 1,254 patients, or one for every 1,351 persons.

9th. Ten Irish county infirmaries admitted 2,679 intern

patients in one year. The total population which supplied this number was about 2,591,000. I have ascertained that no less than 1,390 of these patients were residents of the districts included in a circle of five miles around these hospitals; and that the population of these ten districts is about 334,000. The remaining 1,289 interns resided in different parts of these counties, at a greater distance than five miles from the infirmaries. Those who resided contiguous to these institutions, therefore, supplied one intern for every 247 of the population, whilst the more distant only furnished one in 1,751.

10th. The only governors of an infirmary in Ireland, that I know of, who publish an account of the number of *fit objects which they are obliged to refuse annually for want of funds*, are those of the Queen's county. In four annual reports of that institution, which now lie before me, for the years 1828, 1830, 1831, and 1832, the governors state in each report, that "applications by *objects in extreme want of the benefits afforded by admission into the infirmary were made, and the board reluctantly compelled to reject them in consequence of insufficiency of funds for their support, and from that cause alone.*" The number so refused was 2,212 in four years; that admitted 2,406. With the exception of three infirmaries, all those from which I have had reports are stated to have refused a considerable number annually, but no account of the numbers refused has been kept, except at Maryborough.

11th. There are only thirty-six cities and towns in Ireland in which there are any infirmaries. Their joint population is about 736,638. Twenty-two of these places contain a population under 10,000 each; and fourteen under 5,000 each. There are 230 other towns in Ireland varying in population from 17,000 to 1,000 each, in which there is no infirmary, and containing a population of 532,086; and the greater number of these are so remote from any county

or other infirmary, that those who reside in, or contiguous to them, derive very little benefit, many none whatever, from these institutions, as I shall prove in a subsequent part of this work.

12th. The total annual expenditure of all the provincial infirmaries is £27,990 17s. 8d. on an average of three years. This, for a population of 7,356,200, is at the rate of £3 15s. 10d. for every 1,000 persons, not quite one penny for each.

The conclusions to be drawn from the above facts, and from many of a similar kind, which will be given in the progress of this work, are :

1st. When in a rich country, hospital accommodation is found necessary in the proportion of one bed for every 1,911 of the whole population, one bed for 4,000 must be insufficient in a poor one, such as Ireland, even admitting that considerably less accidents must occur in the latter, from want of manufactories, collieries, &c.

2nd. That when in England the provincial infirmaries contain one bed for every 2,543 of the population, and are usually fully occupied, one bed for 5,827 of a poorer people cannot be sufficient.

3rd. That when a rich country supplies its provincial infirmaries with one patient for every 403 of its population, those of a poorer, which only admit one in 746, must be insufficient.

4th. That when a population of about 315,000 of the city and neighbourhood of Dublin, supplies the metropolitan hospitals with cases considered serious enough to be made interns, in the proportion of one to sixty-six, and that of Cork, Limerick, Belfast, &c., in the proportion of one to 181, the sick poor of other towns and districts which are very extensive, and very populous, cannot be done justice to, when only one in 1,351 is admitted.

5th. That Irish county infirmaries, though receiving pa-

tients from all parts of their respective counties, are chiefly useful to the population of the district within eight or ten miles of them ; and that such must necessarily always occur under the present system, when more than two-thirds of the population is at such a distance from the hospital, that the most serious surgical and medical cases either cannot bear removal, or if removed, cannot be admitted for want of room, or of funds, or both.

Facts respecting Fever Hospitals.

1st. Doctors Barker and Cheyne, in a work published by the authority of the Irish government, state, that during two years and an half of the epidemic fever of 1816, 1817, and 1818, no less than one million and an half had fever in Ireland, or nearly one-fourth of the whole population ; and that the deaths amounted to 65,000 during the same period. By a careful examination of this valuable work, I find, that though the epidemic raged in all parts of Ireland, and the most laudable exertions were made by the government, and a great portion of the wealthier and middle classes, only seventy-two fever hospitals were established throughout the kingdom, though the idea of contagion haunted every mind, and houses of recovery, and whitewashing, were looked on as essentially necessary to check the epidemic. The population of the seventy-two cities and towns in which these hospitals were got up, and of a district of three or four miles around them, was about 1,455,168, so that there still remained, as I shall afterwards shew, at least 4,317,248 persons who were unable to avail themselves of fever hospital accommodation for such amongst them as became affected.

2nd. Fever has been seldom less prevalent than in the three years ending 1831 ; yet, during these years the Cork-street and Hardwicke fever hospitals, in Dublin, and the

fever wards of the new Meath hospital, admitted 5,702 fever patients annually, giving a proportion of one to $66\frac{1}{2}$ of the whole population of the city and county of Dublin, *from which alone, with so few exceptions as scarcely to deserve notice, they were sent.*

3rd. The forty-six provincial fever hospitals given in the parliamentary report of 1832, admitted 7,215 cases annually, on an average of three years. I know of sixteen others, from which, though then established, no returns were given, and which are on as extensive a scale as the former. We may, therefore, fairly assume, that these sixteen hospitals admit fever patients in the same proportion as the forty-six; the total admissions for the sixty-two must then be about 9,724 annually, and including those received into the Dublin fever hospitals, 15,426. The country fever hospitals, therefore, admit one patient for 760 of the population.

4th. By very accurate returns with which I have been favoured by the medical officers of twenty-three provincial fever hospitals, I find that these twenty-three admitted 5,516 in one year, (1833), *of whom 4,499 resided within five miles of these institutions, and 1,017 came from a greater distance, but very few beyond eight or ten miles.* The population which supplied these 4,499 was not above 300,000 and that which furnished the 1017, about 250,000, which gives one fever patient for every sixty-six persons *within five miles of a fever hospital*, and one for 236 *beyond that distance.* To these facts I request the reader's attention, for reasons to be hereafter explained.

5th. The population which supplies these 5,516 patients to twenty-three fever hospitals being about 550,000, that from which the sixty-two are chiefly supplied, cannot be above 1,433,000. Add to this the population of the county and city of Dublin, (380,165), we have the total of that which, from its contiguity to fever hospitals, is enabled to derive any advantages from them; leaving about 5,284,000

persons, whose remoteness from these institutions, with other causes to be explained, render it quite impossible for them to derive any whatever.

6th. Calculating the number of fever cases that annually occur in Ireland in ordinary seasons, from *data* which will be hereafter given, I am of opinion, that it cannot be under 107,800, or one in seventy-two of the whole population: and as only about 15,436 of these get fever hospital accommodation, 92,274 must pass through the disease in their own residences.

7th. As Leinster contains twenty-eight fever hospitals, Munster twenty-nine, Ulster seven, and Connaught two, the relative number relieved and unrelieved in each province may be readily estimated; especially if the reader bear in mind; that fever patients rarely come to these institutions from beyond a distance of six or eight miles; the greater number only from within four or five.

The conclusions to be drawn from these facts, and others of the same nature, are too obvious to require that they should be fully stated here. They prove that when fever becomes epidemic, *there has not been, and there is not*, any machinery at the command of the public authorities at all adequate to meet the emergency—that even on ordinary occasions wherever there are fever hospitals, it is found that fever does occur in the proportion of one patient, *at least*, to every sixty-six of the population—and that a vast number of persons are so circumstanced as to be totally deprived of any of the advantages attending fever hospitals. These, with other circumstances, to which I shall hereafter more particularly refer, prove how very inadequate our fever hospitals are, as at present managed, or indeed however well managed, to answer the purposes for which they were intended, to meet the wants of the sick poor labouring under fever.

Facts respecting the Inefficiency of Dispensaries.

1st. Numerous as these institutions are, I could point out many populous districts of eight, ten, and twelve miles in extent in which there are none.

2d. In a great many counties the number of these charities is too few for the population. For instance, in the county of Down, they are to the whole population only as one to 35,000; in Leitrim, as one to 28,000; in Longford, one to 27,000; in Galway, one to 28,000; in Monaghan, one to 24,400; in Antrim and Fermanagh, one to 21,000; in Carlow, one to 20,000. *In Mayo no Dispensary has been presented for these two years.* As each Dispensary has usually only one medical officer, it is impossible for him to attend the sick poor of such large populations, as I shall explain in a future chapter.

3d. A considerable number of our dispensaries are attended by non-resident medical men, many of whom live at such inconvenient distances from their respective districts, that with all the attention I know some of them discharge their duties, it is often physically impossible they could do so efficiently, or that the sick could obtain that prompt medical attendance so essentially necessary in dangerous cases.

OBSERVATIONS,

&c. &c.

CHAPTER I.

CLASSIFICATION OF IRISH MEDICAL CHARITIES.

THE medical institutions intended for the relief of the sick poor of Ireland, may be classed under the following heads:

1st. Those which are entirely supported by annual parliamentary grants; of this class I know only of four, viz., the Westmoreland Lock Hospital, the Richmond Surgical Hospital, Whitworth Medical Hospital, and the Hardwicke Fever Hospital, all in Dublin.

2nd. Those entirely supported by funds left in trust by individuals, as the Leper Hospital in Waterford.

3rd. Such as obtain parliamentary aid in addition to the properties willed by individuals, but for which, neither county presentments, nor private subscriptions are had, as Stevens' Hospital in Dublin.

4th. Such as obtain parliamentary aid in addition to private subscriptions and donations, as the Cork-street Fever Hospital, and the Hospital for Incurables in Dublin.

5th. Charities supported by parliamentary grants, by private subscriptions, and by the income arising from properties of various kinds, as the Rotunda Lying-in Hospital, in Dublin.

6th. Charities whose funds are chiefly supplied by subscriptions, by county presentments, and by parliamentary grants, as Mercer's and Jervis-street Hospitals, in Dublin, all the county infirmaries, and the Limerick Fever and Lock Hospital.

7th. Those entirely supported by county presentments, as all the district lunatic asylums.

8th. Those supported by county presentments and by private subscriptions and donations, as all the fever hospitals (except the Cork-street and Hardwicke) and dispensaries.

9th. Charities whose support arise from properties left in trust, and from the fees paid by the medical pupils, as Sir Patrick Dun's Hospital ; or by private subscriptions and such fees, as the Baggot-street Hospital.

10th. Charities entirely supported by private contributions, as many ophthalmic and lying-in institutions, in the large cities and towns, and a considerable number of dispensaries, *for which, latterly, presentments have not been obtained.*

From this variety in the mode of obtaining funds for our medical charities, it is evident, that there must be considerable diversity in the constitution and management of the different classes, even of those hospitals which are all equally intended for the admission of surgical and non-contagious medical patients.

CHAPTER II.

ACTS RELATING TO IRISH MEDICAL CHARITIES.

A SHORT account of the principal clauses of the acts of parliament which regulate our county infirmaries, fever hospitals, dispensaries, and lunatic asylums, appears necessary to enable the reader to perceive the advantages as well as the defects of these valuable charities ; especially, as I shall have to shew, that some of the chief defects of the first depend on particular clauses of these acts, which, if I am right, require to be revised and amended before any great improvement can take place in respect to these institutions.

ACTS RELATING TO COUNTY INFIRMARIES.

The 5th and 6th Geo. 3, (of the Irish parliament,) made provision for the erection and establishment of one infirmary for the relief of the infirm and diseased poor in each county in Ireland. In twenty-three counties, the act directed that the

hospital should be built in or near the county towns, without any reference to the convenience or inconvenience of such situations to the majority of the population; many of these places being at the extreme end of the county.

In seven counties, a site remote from the assizes town was specified. The counties of Dublin and Waterford were entirely omitted, probably, because there were hospitals in each, viz., Stevens', the Meath, and Mercer's, in the former, and the Leper Hospital in the latter. The primate, lord chancellor, bishop of the diocese, and the rector, or vicar, (of the parish in which the infirmary was directed to be built,) along with donors of twenty guineas, and annual subscribers of three guineas, form a perpetual corporation, for the management of such infirmaries. The act states, that "no person shall be capable of being elected, (surgeon,) who shall not have served a regular apprenticeship of five years to a surgeon, and have likewise undergone an examination before the surgeon general, the visiting surgeon, the two assistant surgeons, and the resident surgeon of Stevens' Hospital, and the five senior surgeons of Mercer's Hospital," and that he shall produce their certificate, "that he is qualified to be a surgeon to said infirmary." The election of the surgeon was then, as it still is, in the hands of this corporation.

By this act, the sum of £100 a year is ordered to be paid each infirmary surgeon by the public treasury, a provision which is still in force; and grand juries were authorized to present from £50 to £100 a year on each county, for the use of its infirmary. The north and south Cork infirmaries, which before were supported by voluntary subscriptions, were allowed £50 a year each, by grand jury presentment, and a similar sum from the treasury; and a like provision was made in respect to the Inn's Quay Hospital, (Jervis-street,) Mercer's, and the Incurable Hospital, in Dublin; the county presentments for these being limited to £150 a year.

The next act, 7 and 8 Geo. 3, provides, "that no person shall be appointed physician to any county infirmary, who shall not be examined and certified to be duly qualified, under the seal of the King and Queen's College of Physicians in Ireland." This was the origin of the exclusive privileges enjoyed by Dublin medical and surgical graduates, in being alone eligible, as physicians and surgeons to county infirmaries in this kingdom.

The act of the 36 Geo. 3, extended this exclusive privilege to the members and licentiates of the Dublin College of

Surgeons. It provides, that “no person shall be capable of being elected surgeon to a county infirmary, who shall not previously have obtained letters testimonial of his qualification, under the seal of the Royal College of Surgeons, in Ireland, and that no other qualification or examination shall be necessary.”

The 45 Geo. 3, enabled grand juries to present £600 a year on each county for the infirmary. In this act provision was first made for the establishment of dispensaries in Ireland. It states, that “*the distance of many parts of each county from the infirmary therein established, does not allow to the poor of those parts the advantages of medical aid and advice, which such infirmary was proposed to afford;*” a state of things, which I shall just now shew, applies to the present as well as to the period at which that act was passed.

The 46 Geo. 3, makes provision for obtaining information respecting county infirmaries, and the application of their funds, by making it imperative on the governors of each infirmary, to transmit an annual statement to the commissioners of imprest accounts, detailing all such circumstances as might be supposed necessary to be communicated to the government, or the legislature. And the same act provides, but in a very inefficient manner, as the result has shewn, for the inspection of county infirmaries. It directs, that on a representation being made to the Lord Lieutenant of Ireland, by the commissioners of imprest accounts, “*it shall and may be lawful for him to give directions to the inspector general of prisons in Ireland, or such other person as the Lord Lieutenant may deem most eligible,*” to visit, inspect, and report on, the state, management, &c. of these institutions.

The 47 Geo. 3, extends the infirmary acts, which before were only in force in counties, to such counties of cities, and counties of towns, as no local act had been passed for.

The 49 Geo. 3, extends to counties of cities, and counties of towns, the provisions of the forty-fifth of the same reign, relating to raising any sum, not exceeding £500 a year, in counties at large: and it provides, that if there are two infirmaries in any such place, the £500 shall be divided between them in equal shares.

The 54 Geo. 3, made provision for enabling grand juries to present an additional sum of £100 a year, to be paid the

surgeon of each infirmary, whether of a county, city, or town, in addition to the £100 a year to which he was entitled from the public treasury. The preamble states, "and whereas the said sum," (of £100 paid by the treasury,) "from the great increase in the necessities of life, and other circumstances, is inadequate to the fair remuneration of the services of such surgeon; and in consequence thereof, it has been found impossible in some counties to procure persons properly qualified according to law, to accept such situations." It also directs, that a certificate of good conduct, and a copy of the letters testimonial of the surgeon, shall be laid before each grand jury so presenting this additional £100. And, as a condition on which the salary is to be presented and paid, the infirmary surgeon is, by this act, required to give "his attendance and professional assistance, without any other, or further fee or reward, to the prisoners and others in the gaol of the county, to the infirmary of which he is surgeon, if such gaol is within five miles of such infirmary."

Hitherto subscribers of three guineas were empowered to vote at all meetings of governors, the power of doing so commencing on the 25th of June next following the payment of their subscription. But by this act, no annual subscriber is permitted to vote at any election of an officer in an infirmary, unless his subscription has been paid two years before such vacancy occurred; a regulation which it would appear has greatly affected the funds of these institutions, though it had not the effect of preventing the practice of new voters taking a share in such elections, the object contemplated by the framers of the act.

This act contains another, and a very important clause, but one which must have been, as it has been, inoperative, in consequence of the machinery by which it was directed, or rather permitted, to be put into execution. It provides, that, "whenever the governors of any county infirmary shall deem it expedient to establish a second within the same county, it shall and may be lawful for them to do so, taking care that such infirmary shall not be situated within ten miles of the first," and it further adds, that whenever two such infirmaries are established, the surgeon and apothecary of each, are entitled to receive one half of the emoluments provided for surgeons or apothecaries of infirmaries; that is, each surgeon is entitled to £100 a year in place of £200; each apothecary to £15 in place of £30, marked out by the same act as the

maximum of his salary. And the surgeon of such second infirmary must also be a graduate of the Dublin College of Surgeons.

I shall, hereafter, shew how little probability there could be, that under this act, additional infirmaries should be built, as the only parties intrusted with the power of deciding on the erection of such second hospitals, are those that have the greatest interest, that there should be only one infirmary, and whose feelings must be most adverse to any additional one.

The clause which provides for the payment of a *maximum* salary of £30 a year, to the apothecary of an infirmary, makes it imperative, that he “shall have duly served an apprenticeship,” by which wording, licentiates of the London Apothecaries’ Company are qualified, as indeed they ought to be, to hold such situations, though otherwise disqualified by the Irish apothecaries’ act from practising in this kingdom.

By the 1 and 2 Geo. 4, those provisions of acts which rest in commissioners for building gaols and lunatic asylums in Ireland certain powers for the valuation of any fit premises for such institutions, is extended to the governors of infirmaries, who are thus enabled to select the most wholesome and convenient sites, paying only according to the valuation of a jury empaneled by the high sheriff.

The act of 1833, called the Marquis of Westmeath’s, though differing widely from that most extraordinary, and I may well add, most injudicious one, introduced by that nobleman, provides, that life-governors of infirmaries—donors of twenty guineas—shall not have the power of voting at any elections of medical officers for twelve months after the payment of such donations. This act, as well as the grand jury bill of the same date, continues the monopoly of the Dublin colleges.

The Irish grand jury act of 1833, makes it imperative on the surgeon of each county infirmary, to send, before the special sessions assembled for the consideration of presentments, an account of the number of intern and of extern patients treated since the date of the preceding presentment: and the treasurer is also obliged to lay before them a certificate, signed by five governors, that such surgeon has faithfully executed his duty, and is a graduate of the Dublin College of Surgeons; without which, the additional sum of £100 a year, (which the Marquis of Westmeath’s act makes

it imperative on the governors to apply for the use of the surgeon exclusively, and which before it was optional with them either to give or withhold,) cannot be granted.

An act of the Irish parliament, the date of which I forget, made a very strange alteration in the financial affairs of the Queen's county and Tipperary infirmaries. Leaving the donation for a life-governor still at twenty guineas, it enacted, that the sum to constitute an annual governor should be only one guinea; and that on the payment of the latter sum for ten years in succession, such subscriber of only ten guineas in the course of ten years became a life-governor, though one paying down a lesser sum than twenty guineas at one time would not be entitled to the same privilege. I have reason to know, that both institutions have suffered considerably from the effect of this unaccountable act.

COUNTY OF DUBLIN INFIRMARY, OR MEATH HOSPITAL.

By the 13 and 14 Geo. 3, the Meath Hospital, in Dublin, was made the county of Dublin infirmary. And, in consideration of the existing medical officers having proposed to appropriate the £100 a year, to which the hospital would be entitled from the treasury, to the use of the charity, the act made good the appointment of those officers without any further qualification or examination, and, moreover, conferred on them a very valuable and lucrative privilege, viz., that of "electing a physician or surgeon in the room of any physician or surgeon, who from time to time, by deaths, removal, or otherwise, shall make a vacancy in said hospital." This principle of electing the physicians and surgeons of this hospital, by those already appointed, is, as before observed, a valuable and lucrative privilege, but whether in the present day it is one which will meet the sanction of the legislature remains to be seen, particularly as the medical officers of this hospital have engrafted on it a regulation, by which they elect none as surgeons to the hospital, unless such as have been the apprentices of some of the attending surgeons; a custom which is loudly complained of by the profession in Dublin, and which is stated to be injurious to the interests of the institution, as indeed all exclusive professional privileges are invariably found to be.

The 15 and 16 Geo. 3, made donors of £10 life-gover-

nors, and subscribers of one guinea annually, governors for such year.

ACTS RELATING TO FEVER HOSPITALS.

A few fever hospitals were established in some of the larger cities in Ireland, under special acts of the parliament of this kingdom. But until 1807, there was no general act to enable grand juries to present for such institutions in counties at large. The 47 Geo. 3, c. 44, provides, "that whenever any fever hospital has been, or shall be, established in any county, county of a city, or county of a town in Ireland," it is lawful for the grand jury to present a sum of £100 at each assizes; and the 54 Geo. 3, enables these bodies to grant £250 for the support of such hospital. Useful, however, as these provisions were, the annually increasing progress of the most malignant epidemic fevers ever known in Ireland, soon made it necessary to grant enlarged powers. Accordingly, the 58 Geo. 3, creates a corporation in each county in Ireland, consisting of respectable and influential persons, who are authorized "to build, or hire houses, to be called fever hospitals, for the relief of the poor being ill of fevers," in any place in which funds have been raised for a fever hospital, or for a dispensary connected with one; and the grand jury is empowered to present every year any sum not exceeding double the amount of such subscriptions for the support of such fever hospital. But in places where no fever hospital has been erected, or in which such institutions exist, but require to be repaired or enlarged, grand juries are authorized to present any sums which may be necessary, "to erect, establish, hire, repair, and fit up, *one* fever hospital in any county, county of a city, or county of a town, in which no such fever hospital had been previously established." And that the full amount of such monies as it might be necessary to levy, for the establishing of these charities, should not influence grand juries, or the corporations entrusted with their establishment, or prevent them from exerting themselves in forwarding such hospitals, the act wisely provides, that the Lord Lieutenant may, *at once*, advance such sums as may be necessary, which are to be repaid by six years' instalments by the county.

Under this act, the inhabitants of any parish or district, are authorized to appoint a board of health, whenever fever or any dangerous epidemic is proved to exist, and govern-

ment to lend them money, to be, however, repaid by such county, to meet the necessary expenses of checking the progress of such disease, and of curing the sick poor. The seventh clause deserves to be given at length, "that, whenever it shall be made to appear, by statement on oath, to the grand jury of any county, city, or town, that there has actually been received from private subscriptions or donations, any sums of money for the purpose of erecting or hiring any house, to be applied to the reception of fever patients, and either attached to any local dispensary or not, and upon a certificate by one or more physicians, that there is a necessity for providing accommodation for such patients, it shall and may be lawful for such grand jury to present in any such county, city, or town, any sum not exceeding double the amount so raised by donation or subscription, and actually received by such treasurer, to be applied by the subscribers in erecting, or hiring, and fitting up such house for poor fever patients; and it shall and may be lawful *also*, for such grand jury to present any such further sum as shall appear necessary to them for the support of houses for the reception of fever patients, whether established before or after the passing of this act, not exceeding double the amount of subscriptions and donations received by the treasurer, and verified on oath." Annual subscribers of one guinea have the power of voting, and are a part of the corporation.

In passing the 59 Geo. 3, the legislature appear to have apprehended the objections and inconveniences, which I shall hereafter shew apply to boards of health, and, accordingly, provision is made for the appointment of officers of health, whose authority is considerable; but there is this great difference, that the funds expended by the latter must be raised off the parish, and levied by vestry; a provision attended with advantages and disadvantages, and by no means as useful as it was expected to be.

An act of the 11 Geo. 4, extends, or explains, that of the 58 Geo. 3, so that no difficulty should be thrown in the way of obtaining presentments for houses of recovery, for double the amount of that subscribed in counties of cities and of towns.

The 4 and 5 of William 4, or M. O'Brien's act, enables the governors of fever hospitals to rent or purchase houses or land, for the purpose of establishing such charities on sure tenures, which before was sometimes difficult: and it makes the payment of subscriptions one year at least before "the

election of any medical officers or any other persons employed in the management of a fever hospital," imperative, to entitle subscribers to vote at such elections.

ACTS RELATING TO DISPENSARIES.

The 58 Geo. 3, is one of the most valuable, if not actually the most, ever passed for the support of Irish medical charities. It authorizes grand juries to present sums equal in amount to those sworn to as having been received by the treasurers of these institutions. Subscribers or donors of one guinea are annual governors, and if the dispensary be connected with a fever hospital, they are governors of both, and until 1833, could vote immediately on payment of their subscriptions; but the 3 and 4 Will. 4, and the grand jury bill of that year, makes it necessary that subscriptions shall be paid one year before any elections of physicians or surgeons; the only exception to this provision being in favour of the original contributors.

A clause of the 3 and 4 Will. 4, empowers grand juries to withhold presentments in case of bribery at the elections of physicians, or surgeons of infirmaries, fever hospitals, or dispensaries, giving them the power of examining on oath any medical officers "so elected, or any other person or persons in said county, touching the said election," and if it appear, that any bribe has been given directly or indirectly to influence votes, the grand jury is authorized *and required*, not only to withhold the presentments, but such physician or surgeon is deemed incapable of receiving any money from such county for the management of any of these institutions.

The Irish grand jury bill of 1833, makes it necessary to lay all the accounts for infirmaries, fever hospitals, and dispensaries, before the magistrates and rate payers, at special sessions, without whose approval the subsequent grand jury cannot grant presentments.

ACTS RESPECTING LUNATIC ASYLUMS.

Previous to the year 1821, the state of the lunatic poor of Ireland was miserable in an extreme degree, the chief provision made for their support or treatment being an

asylum in Dublin, and one in Cork, both pretty large, and not so badly conducted as some smaller ones in a few other places. The 46 Geo. 3, enabled grand juries to present £100 year for the support of any asylum connected with a house of industry, and a subsequent act increased the sum to £300 a year. Few counties, however, had, or have houses of industry, and still fewer lunatic asylums connected with them. But the 1 and 2 Geo. 4, makes ample provision for every lunatic pauper in Ireland. It authorizes the Lord Lieutenant to direct any number of asylums for the lunatic poor, to be erected and established in different districts, consisting either of two or more counties, or of one county or town only. Each asylum built for two or more counties to contain room for not less than 100, or more than 150 lunatics; and such as are for a single county, or city, or town, to hold at least fifty, or as many more as the Lord Lieutenant deems necessary. The different grand juries are obliged to present such funds as may be required to build and furnish such asylums, and to repay them by such instalments as the Lord Lieutenant directs, who advances the entire from the consolidated fund. He is also empowered to appoint a board of local directors or governors for every and each asylum, when built, and a general board of control and correspondence, and for the superintending and directing the establishment, direction, and regulation of such asylums; this general board to consist of not more than eight persons, who must act without salary, fee, or reward. The Lord Lieutenant and privy council are authorized "to make, frame, and establish, or upon the recommendation and suggestion of such commissioners for general control and correspondence, to adopt and authorize any rules and regulations for the good conduct and management of such asylums in general, or of any asylum in particular." When the Lord Lieutenant issues a proclamation for the building of an asylum, the general commissioners are empowered to take a lease of any lands or premises they please, or to get such valued by a sheriff's jury, (a power which is also vested in the governors of infirmaries in the renting or purchasing of lands or premises for these institutions.) The asylum, when furnished, is then handed over to the local governors, to whom the grand juries are obliged to supply funds for the support of such asylum; and by whom a yearly statement of the expenditure, number of patients admitted, discharged, and died, is transmitted to the commissioners of imprest accounts. All criminals tried

and acquitted on the ground of insanity, and such as are found insane at the time of their indictment, may be detained and confined in these asylums, under the order of the courts and the directions of the Lord Lieutenant.

By the 6 Geo. 4, the Lord Lieutenant is authorized to advance any sums not exceeding £40,000 a year, to be issued out of the consolidated fund, for the support of such establishments; but the grand juries of the respective counties are obliged to make presentments for the repayment of such advances: and an act of the seventh of the same reign, gives the Lord Lieutenant and privy council the power of "changing or altering any asylums that have been built, and of erecting and establishing new or additional asylums in lieu of, or in addition to, any asylum or asylums erected under said act." But in such cases the expense must still fall on the district for which the asylum is established. When two or more counties are united in a district, the proportion of the expenditure to be paid by each, is ascertained by the Lord Lieutenant and privy council, and if the grand juries refuse to present this proportion, the going judge of assize is authorized to grant such presentment.

The only other act relating to medical charities which I think it necessary to advert to, is the 1 and 2 Geo. 4, or Mr. Spring Rice's. It is entitled, "an act to make a better provision for the *superintendence* of charitable institutions in Ireland, maintained in the whole, or in part, by grand jury presentments, and for the more effectual audit of the same." Its provisions are, that grand juries are empowered to appoint a board of superintendence in each county, to be composed of no less than eight, or more than twelve persons, one half of whom, at the least, shall be justices of the peace for the county for which they are appointed, with power to any three of them to "visit and inspect each and every charitable institution" in such county receiving grand jury aid, and to "inquire into and examine the management and discipline thereof, and into the mode in which the several laws, rules, and directions, for the regulation of such charitable establishments are carried into effect, and into the accounts of receipts and expenditure, the attendance given by the several officers and attendants, and to audit and examine the accounts and vouchers of such establishments; and such board to make a report upon each such establishment to the grand jury at each assizes, copies of such reports to be annually printed, with the lists of presentments made at such assizes."

ACTS RELATING TO HOUSES OF INDUSTRY.

At least one third of the inmates of our work-houses are incurable lunatics, idiots, diseased prostitutes, and persons affected with various chronic and incurable complaints. These institutions being, therefore, in a great measure, medical charities, a brief account of the laws by which they are established and supported, may not be here unnecessary.

The 11 and 12 Geo. 3, repeals an Irish act passed in the reign of Hen. 8, and another in that of Ch. 1, intending to check vagrancy, by badging the poor, and erecting houses of correction, "for the suppression of rogues, vagabonds, and sturdy beggars," and creates a corporation in every county, county of a city, and county of a town, in Ireland, for the purpose of "giving countenance and assistance to those poor who are found disabled by old age and infirmities, to earn their living, and to restrain and punish those who may be able to support themselves by labour and industry, and yet may choose to live in idleness by begging."

It also empowers such corporations to grant badges to the helpless poor, who have resided a year within their districts, which license them to beg in such districts for limited periods; and, when possessed of funds, it requires them to build "hospitals or work-houses, to be divided into four parts:

"1st. For poor helpless men deemed worthy of admission.

"2nd. For poor helpless women.

"3rd. For the reception of men committed as vagabonds or beggars.

"4th. For such idle, strolling, or disorderly women, as shall be committed and found able for labour."

This act provides, that "the grand juries at every spring assizes, may present in counties of cities and towns, any sum from £100 to £200, and in counties at large, from £200 to £400, for their respective poor." The act of 1784, empowers the judge of assize to direct the grand jury to present £100 if he thinks necessary, in addition to the funds provided for by the act of 1772. By the act of 1806, the grand juries at the summer assizes may present such additional sums as shall amount to £400 at least, or at most, £500 in cities and towns, and in counties at large, from £400 to £700, the judge being satisfied that such additional sums

are necessary, and the funds well expended. And the act of 1818, provides, that "the grand jury of every county, county of a city, or county of a town, may present any sum, not exceeding £500 in the year, over and above, and exclusive of any sums which they were by law empowered to present for any houses of industry under the former acts, to be applied towards the support of their respective houses of industry."

The act of 1787, empowers the grand jury of a county, in which there is no house of industry, to present, at any spring assizes, the sum allowed by the 11 and 12 Geo. 3, for the house of industry of an adjoining county, into which the poor of the former should be received, until one could be built for itself. It also "authorizes the grand juries to present such sums as should appear to them necessary, for providing and supporting wards for such idiots and insane persons, as should be recommended by two or more magistrates, certifying, that such persons were idiots or insane, and destitute of any means of support," and "such sums to be accounted for by the surgeons of the county infirmaries."

The governors of houses of industry, are the archbishop and bishop, the members of parliament for the county, city, or town, all magistrates for such counties, the sheriffs, recorders, and mayors, all donors of £20, and annual subscribers of £3, and such as are elected by these governors, without the payment of any such sums.

But though such facilities are afforded by these acts for the establishment of houses of industry and lunatic wards, in each county, city, or county of a town, I find it stated in the report of the House of Commons' committee, of 1830, on the state of the Irish poor, that only eight or ten such institutions had been erected : of these, Leinster and Munster possess eight in the following places, Dublin, Wexford, Kilkenny, Waterford, Clonmel, Cork, Limerick, and Ennis. The latter seven are county institutions ; the first is now supported by government, not by the city and county of Dublin, as it was originally, and is, therefore, apparently a house of industry for Ireland, not for the metropolitan city and county.

CHAPTER III.

DUBLIN INFIRMARIES.

THERE are eight hospitals in Dublin, chiefly intended for the reception of surgical and non-contagious medical cases, usually supposed on admission to be curable. These, for distinction sake, I have called "infirmaries," that being the name by which similar institutions in Ireland are generally designated. Tables No. I. and II. give a tolerably accurate view of the extent, resources, expenditure, &c. of these charities, and of the number of patients annually admitted into each, as well as the districts and probable population which supply such patients respectively.

I have been long impressed with the opinion, that to satisfactorily prove the defects of our present system of infirmaries, and to lay the foundation for a better, it is necessary that we should be able to shew what proportion of the intern patients of these institutions, the population of certain defined districts, contiguous to, and remote from, each infirmary has supplied. To arrive at as much accuracy as possible, circumstanced as I am, on this point, I have made it my business within a few years to correspond with the medical and other officers of the Dublin and provincial infirmaries, and have lately visited the whole of the former, and several of the latter. The information obtained by these means, as far as relates to the proportion of cases furnished by particular districts to the Dublin infirmaries, is given in Table No. II., to which I request the reader's particular attention, as I shall hereafter shew from these facts, and others of a like nature regarding county infirmaries, how defective both are in affording *efficient* aid to the sick poor beyond a certain distance from each institution. But as regards the Dublin hospitals, the following explanation may not be unnecessary.

The Jervis-street Infirmary admitted 734 interns the year previous to the period I visited it: of 160 patients taken in succession, as marked in the registry, 114 had been residents of Dublin and its suburbs, twenty came from outside the suburbs, but not more distant than five miles, and twenty-six came a greater distance than five miles.

Mercer's Hospital admitted 711 in 1833. In three months the admissions were 176; of these, Dublin and the

suburbs supplied 137: within a circle of five miles sixteen, and from beyond that distance came twenty-three.

Stevens' Hospital, at the period of my visit, contained 206 patients; of these, 114 were admitted from, and within one mile of the city of Dublin; twenty-one from outside one mile and within five miles; and seventy-one from beyond five miles: of these seventy-one, twenty were from the county of Dublin, forty-seven from seventeen other counties, and four from England.

The Richmond Surgical Hospital, in August last, admitted 119 patients; of whom sixty-five were residents of the city, ten of the county, and forty-four of other parts of Ireland. The number admitted in six months was 713.

The Whitworth Chronic Hospital, in the preceding year, admitted 837. Those marked in the registry during the month of August, amounted to seventy; twenty-two of whom were residents of Dublin, three of the county, and forty-five of other parts of Ireland.

From the 1st of January, 1834, to the 1st of November, Sir Patrick Dun's admitted 716. In August, September, and October, 232 were admitted; 198 of these were from the city and suburbs, eighteen from the country five miles around, and sixteen from beyond that distance.

The Baggot-street Hospital admitted 352 in ten months previous to my visit. During four months of this time, 112 were entered on the registry, sixty-eight of whom were residents of Dublin and its suburbs, thirteen of a circle of five miles around the city, and thirty-one came from a greater distance.

I regret that I cannot give a similar account of the districts which supplied intern patients to the remaining Hospital, the new Meath, and I do so the more, as I feel it my duty to state, that this inability arises from the medical committee of that Institution having refused to give me any information whatever on the subject. But as this hospital is situated immediately contiguous to Dublin, in fact, in the suburbs, and is a highly respectable school of medicine, I have reason to know, from these and other causes, that the city supplies it with a considerable proportion of its intern patients. The total admissions in one year being 886, if we suppose that one-fourth of this number are residents of the city, another fourth of a circle five miles around it, and that the remaining one-half come from those parts of the county Dublin outside

that circle, I believe it will be found, that I estimate the number supplied by the two first districts rather low. But as I cannot, and do not profess to give correct numerical returns, and can only endeavour to state such facts as I have been able to collect, with a view to enable me to draw general conclusions from a sufficient number, it is in this instance of little consequence whether the number for each district be a few more or less than those actually admitted. The Table No. II. will, therefore, give a sufficiently accurate view of the number taken into each hospital, the probable population of the districts from which they are supplied, and the proportion they bear to the population of such districts. And, as these returns were furnished me in every instance by one or other of the medical officers, there can be no doubt of their general correctness, though it will be seen, from the above statement, that the calculations for the year are made out from the numbers admitted from particular districts, in one, three, or four months, as the labours of going over the registries for a whole year, was more than I wished to impose on these gentlemen. But I believe the general results would have been very nearly the same had they done so.

I should have observed also, that as the accounts given of the funds and expenditure of these institutions are taken from official documents, viz., the reports of the commissioners for auditing public accounts in Ireland, and the special report made by three gentlemen appointed by the Lord Lieutenant in 1808 to investigate the state of certain charities in Dublin, it is not likely that there can be much inaccuracy in them. It appears from Table No. I., that the Dublin infirmaries alone obtain parliamentary grants to the amount of £8,808 a year, and that the three classes of medical charities included in that table, get £20,580 from the treasury annually; a sum undoubtedly very wisely bestowed, and well expended, but which appears very large, when it is known, as I shall just now shew, that the entire parliamentary grants for all the provincial infirmaries, and other medical institutions of Ireland, do not exceed £2,876 a year, and particularly when it is seen, that the advantages of the metropolitan hospitals, on which those grants are conferred, are chiefly enjoyed by the sick poor of that city, and the country more immediately contiguous; a fact, which these returns establish beyond all question.

The Richmond and Whitworth Hospitals, which are only

branches of the House of Industry in Dublin, are entirely supported from its funds, which are, chiefly, an annual parliamentary grant of about £22,000, along with the proceeds of labour, &c. done in that extensive Institution, amounting to about £6,500 more. Besides these two, the House of Industry contains a Fever Hospital, (the Hardwicke,) the Talbot Dispensary, and an Institution for the ruptured poor. It will be seen, that I have set down the annual treasury grants, and the annual expenditure, of the Richmond and Whitworth Hospitals, at £4,122 for the former, and £2,415 for the latter, but in the public account for 1831, the expenses of the Richmond, Whitworth, and Hardwicke Hospitals are put down £1,968 2s. This, it is evident, cannot mean the entire cost of supporting these institutions, but that of some particular heads, of which an account had been kept; for, as the two first admitted 2,263 patients in the year, and Jervis-street, Mercer's, and Stevens' only 2,469, at an expense to the three of £2,228 13s. 6d. for the single article of provisions, the sum of £1,968 2s. would not have supported even one of the former hospitals. To ascertain the probable expenditure of the Richmond and Whitworth, therefore, I have calculated the average expense per patient in all the other six Infirmaries, which I find to be about £2 17s. 10d. At the same rate, the Richmond and Whitworth Hospitals would cost £6,540 in one year, viz., £4,122 the former, and £2,418 the latter; and as the patients are well fed, and well treated in each, there appears no reason to suppose, that they cost less than those in the other hospitals, in some of which, as the Baggot-street and Jervis, especially, the state of the funds, and the mode in which funds are obtained, would induce one to suppose, that every proper economy is used, perhaps to a greater extent than in those of the House of Industry, which depend almost entirely on government grants. I have considered this explanation necessary, that I may not be charged with making erroneous calculations, or, at least, that the *data* on which they are made may be understood.

On revisiting the Dublin Hospitals lately, I found that some could accommodate a much greater number than they receive, or their funds would admit of. For instance, though the Jervis-street Infirmary is capable of containing fifty beds, one or two wards had been closed for a considerable time, and the number was limited to thirty-five; Sir P. Dun's can accommodate 130, but only admits an average of about eighty in winter, and sixty in summer; and Stevens', a noble

Institution, almost equal to the first in London, though large enough to hold 300 at a time, has seldom more than 200 patients. Still the returns in table No. II. go far to prove, that 675 beds are sufficient for Dublin and its vicinity, as nearly one-third of the whole admissions (2,322) come from beyond a distance of five miles, and it is not likely, that so many of the latter would be admitted were equally fit objects on the spot. It is true, that in Dublin as well as in most other places, patients coming some distance are admitted in preference to cases equally urgent, who reside nearer, from the praiseworthy feeling, that being comparatively strangers, they are entitled to priority, and that the others can be attended at their residences, or more conveniently *noticed* for admission when vacancies occur. But making allowance for all this, it can scarcely be supposed, that in such a city as Dublin, (which, though containing a great mass of poverty, also contains a great deal of wealth, and which, I shall shew, is not highly taxed for its medical charities, but rather the reverse,) there would not be funds raised to enable the governors of hospitals having spare room and beds, to admit those cases which are now excluded, in order to accommodate such as come from more distant places, were the number of the former class of patients any way considerable. And when we also take into consideration, that all these hospitals are schools of medicine and surgery, and on that account, as well as from the influence which individual subscribers may be supposed to exert sometimes, that patients may be occasionally admitted, who would not otherwise be deemed sufficiently serious to be made interns, we may on the whole fairly calculate, that the sick poor of the city and county of Dublin, and of the counties immediately adjoining, have hospital accommodation nearly, if not fully, in proportion to their wants; whilst the high character of the medical officers, generally, the numbers constantly requiring admission, and I might add, the necessity of disbursing the funds of some of the hospitals with economy and judgment, are sure guarantees, that very few who could be as well attended as externs, or at their own residences, are selected for admission.

CHAPTER IV.

PROVINCIAL INFIRMARIES.

THE commissioners for auditing public accounts in Ireland are in the habit of making annual returns to parliament respecting the income, expenditure, &c. of county infirmaries, which are then published by order of the House of Commons. From two of these annual reports, viz., for 1825 and 1832, I have partly compiled some of the Tables, Nos. III. and IV. But these reports are very defective in a medical sense. They give no returns from the county of Dublin, (the New Meath,) or the county of Londonderry Infirmaries, and only state the total *charge and discharge* of each hospital, the balances in favour of, or against the public, and the number of interns and externs. As a financial or parliamentary document this may be quite sufficient, but as a medical statistic it is quite the reverse. Fortunately, we are able to supply this defect by two special reports made by the Board of Health for Ireland, on the state of these institutions. These reports for 1828 and 1829, not only embrace the county of Dublin, and the Londonderry Infirmaries, but give with great accuracy the various heads of income and expenditure, and such a detailed account of the number of beds, wards, and patients, as greatly increases their value. For these very valuable documents we are, I believe, indebted to the talented and industrious Secretary of the Board, Doctor Francis Barker. These reports were not published for sale, but I have been supplied with a copy of each, and authorized by that gentleman to use them in such manner as I may deem necessary for my present purpose, a permission of which I thankfully and gladly avail myself, especially as they are drawn up by a gentleman well acquainted with the medical charities of this country generally, though practically less with Infirmaries than with Fever Hospitals and other medical institutions.

The power given to the Inspectors General of Prisons, to examine and report on the county Infirmaries of Ireland, would seem as if the government of the day had an idea, that some control or check over these charities was necessary. I have already alluded to a report on the Dublin medical charities, by commissioners appointed by government, in which I find some expressions that strongly indicate a suspicion of the

efficiency, and even of the correct management of the provincial Infirmaries. And when the characteristic caution and judgment of the three gentlemen who made that report is considered, one can scarcely doubt that circumstances (which it was not necessary for them to state) must have been not only known to them, but to the government, sufficient to authorize them to make use of the expressions contained in that report. In page 3, (Report on the Lock Hospital,) alluding to the expediency of opening two venereal wards in each county Infirmary in Ireland, to relieve the pressure on the former institution, they observe, "we know and lament, that some of these establishments (the county Infirmaries) *are far from being on the best footing*, but at the same time we are glad to remark the gradual improvement which is going forward in them." Again, in their Report on the House of Industry, when disposed to recommend the principle of a number of smaller Lunatic Asylums scattered over the country, in preference to a central large one in Dublin, they observe, "it may well be doubted, whether a sufficient number of persons could be found, properly qualified, to superintend and conduct such a number of distinct establishments on a large scale, and whether such establishments (after great expense incurred in their formation) would not be exposed to great danger of abuse and mismanagement. *Past experience as to the state of county Hospitals is calculated to inspire caution on this subject.*" Such gentlemen as Mr. John David Latouche, Mr. William Disney, and Dr. Renny, (a government officer,) would not have lightly made use of such forcible, though cautious, remarks as these; nor, were they the men to cast censures or doubts on any public institutions, unless convinced from some facts that had come before them, that there were fair grounds for such imputations, which it would appear the government of the day shared with them; for this Report was made in 1808, and the act empowering the Lord Lieutenant to direct the Inspectors General of Prisons, or such other persons as he might deem most eligible, to visit and examine county Infirmaries, and to report on them, had passed in 1805.

Unfortunately these suspicions were not put to the test, and the power so vested in the Lord Lieutenant was left a dead letter until 1828, when the present Lord Melbourne, then the Irish secretary, saw the necessity of making some inquiry respecting these institutions, and ordered the General Board of Health to inquire into and report on them.

As in my view of the medical charities of Ireland, the county Infirmaries are of great importance, and capable of much improvement, I shall here give the queries first proposed by the Board of Health to the treasurers of these charities, that the reader may more clearly understand the subject, as well as my particular object in endeavouring to point out the advantages and defects of this class of medical charities.

QUERIES OF THE GENERAL BOARD OF HEALTH TO THE
TREASURERS OF COUNTY INFIRMARIES IN IRELAND.

“1st. Give the general dimensions of the county Hospital, the number of rooms of which the building consists, the number of beds in each room, and how many of these rooms and beds are usually occupied?

“2nd. State the general establishment of the Hospital, giving the name of each officer, with the number of servants and nurses employed, and annual salaries received by each from the general funds?

“3rd. Name distinctly and separately the duties performed by these persons, whether medical, surgical, or otherwise, and whether all of them reside within the Hospital?

“4th. State whether any attendance is given by the county Hospital surgeon to extern patients, and if there be, the days when such patients are seen and relieved, giving the numbers who annually attend on said days, together with the amount of expense charged upon the Hospital funds for the relief so afforded.

“5th. If there be a Dispensary attached to the Hospital under the care of the surgeon, say so, and report from what funds, public or private, it is supported, and give the annual amount of such funds?

“6th. Transmit an accurate copy of the annual account of the Hospital for the year, ending the 5th of January last, stating in detail the entire expenses of the establishment under separate heads, to shew how much of the annual charge is for salaries and contingent expenses, and how much for medicines, with that incurred for the maintenance of patients?

“7th. Give the total number of patients, distinguishing medical from surgical, and classed under the heads of acute and chronic, which have been accommodated in the Hospi-

tal during the year, ending 5th January last, stating the numbers who have been discharged cured, or incurable, or have died within the year, or remain in Hospital at the date of this return?

“8th. State how governors are elected, and what subscription entitles any respectable person to be so elected; the number of days and times at which the governors meet, and how many usually attend those meetings, how many form a quorum for the transaction of business, and whether the business of such meeting is regularly entered in a book kept for that purpose, to serve as a reference when called for?

“9th. Give a detailed statement of the Hospital funds for the year above alluded to, stating separately those grants made by parliament, or by grand jury presentments, or monies arising from subscriptions and donations, or any other source?

“10th. State whether those funds have been usually sufficient to meet the entire of the Hospital expenses within the year: if they have not, how the deficiency has been supplied, and if they have exceeded the expenses, in what way the excess has been appropriated?

“11th. State by what authority patients are admitted into the Hospital, and whether the surgeon, in the absence of the recommending governor, is empowered to admit indigent individuals, who happen to meet with sudden accidents of a serious nature, which require immediate attention?”

The Table No. III. gives a general view of the information obtained in answer to these very excellent and pertinent queries. From it, and some extracts from the Report itself, which I shall give, it will be seen, that though much valuable information was collected, the replies were in many instances very defective. The whole report in fact shews, that the county Infirmaries of Ireland, though doing much good, were not nearly as efficient as under other management they might be. Some of the principal queries being left unanswered, or only so answered, as to give but little information, it became necessary to issue a second set, which I find thus alluded to in the second Report of the Board of Health, on the County Infirmaries of Ireland for 1829. “From the want of due preparation on the part of the accountants, the information to be obtained from the former Report, was in many respects imperfect. To supply this deficiency, a set of forms for the accounts was framed, and a new set of queries also transmitted to each of these Infirmaries. From such sources

considerable additional information has been derived ; the arrangement, however, is not so perfect as the Board could wish, in consequence of the imperfection of the returns which in several instances they have received from their correspondents."

Tables No. IV. and V. are copied from the second Report of the General Board of Health, and are given in full, that a comparison may be made of the resources, expenditure, &c. of each county Infirmary. In both, the *charge, discharge, &c.* of the county Dublin Hospital, are given separate ; considering that as a metropolitan, rather than a provincial charity. This is the only alteration I have taken the liberty of making in these tables. At foot, part 2., are returns from four Infirmaries for cities and towns, the only institutions of the kind in Ireland. Another object which I have had in giving these valuable tables, from the report of the Board of Health, &c. is, that the income and expenditure of the Infirmaries of Ireland may be compared with those of England, of which Table No. VII. abridged from the four, given by the Rev. M. Oxenden, gives a very detailed account.

An examination of the two Reports of the General Board of Health, and of the three tables published with them, throw much light on the advantages and defects of the county Infirmaries of Ireland. I shall endeavour to point out such circumstances as may be considered advantages, and such as are evidence of serious defects in these institutions.

SECTION I.

ADVANTAGES OF THE PRESENT SYSTEM OF COUNTY INFIRMARIES.

There can be no question that in many respects it is of much importance, that there should be at least one Hospital in every county, even though it may not be sufficiently large, or endowed with funds enough to admit all the *fit* or urgent cases that each county could supply. The acts under which such a system has been established in Ireland, must, therefore, be considered as wise, humane, and beneficial. In this respect Ireland has had the advantage of England, in many counties of which, up to a late period, there was no Hospital. By a reference to the tables it will be seen, that independent of the benefits conferred on the sick poor, who are prescribed for as extern patients, no less than 7,148 were admitted into

the provincial county Infirmaries, (that for the county Dublin excepted,) in 1828; and in 1829, that the number increased to 8,128, giving for each of thirty counties an average per year of $254\frac{9}{15}$ patients, to whom Infirmary accommodation was afforded. A uniform system, which gives the entire kingdom such an advantage as this, must be admitted to be highly valuable, even though we have numerous facts to prove, that these institutions in every county are insufficient in point of room or funds to accommodate the additional *fit* cases requiring admission. Another advantage connected with these Hospitals is, that the medical officers are generally, I may say universally, fully capable of discharging their professional duties, being excellent anatomists, good surgeons, and from their course of professional studies, and a rigid examination, well qualified to prescribe in mere medical cases. I disapprove of some of the regulations of the colleges to which they exclusively belong, and am of opinion, that some clauses of the acts of parliament under which these charities are founded and supported, are highly injurious to the Hospitals, and to the medical profession generally, and, therefore, require to be repealed and amended; but I consider it only justice to observe, that I believe the medical officers of the county Infirmaries of Ireland, are, at least, as well educated, and as capable of discharging their mixed professional duties as any others in similar institutions in England or elsewhere; and if these institutions have not flourished, or do not flourish, and are not productive of the benefits of which I believe them to be capable under an improved and a more liberal system, it is certain, that this does not arise from want of talent or information on the part of the medical officers, but rather from defects in the laws by which they have been established, and the regulations under which they are conducted.

SECTION II.

DEFECTS OF COUNTY INFIRMARIES.

These may be traced to two causes, defects in the acts of parliaments, and in the regulations of the local governors.

Those of the first class are chiefly:

1st. Inconvenience of the sites originally chosen for many of the county Infirmaries by the 5th and 6th Geo. 3.

2nd. Vesting the power of establishing a second Hospital in each county, in the governors of that first erected.

3rd. Limiting the eligibility of the medical officers of these institutions, to graduates of the Dublin medical and surgical colleges.

4th. Providing public funds, these being insufficient.

5th. The want of any efficient control over, or inspection of them.

6th. The annual subscription in all, except Tipperary and the Queen's County, being too high, whilst in these it is too low, and the annual subscribers can become life-governors for too small a sum; in all, it is paid at a period too remote to confer the full privilege of acting as governor.

7th. The want of power to make the treasurers give security for the funds received by them.

The chief defects arising from the regulations of the local governors are :

8th. The appointment of only one physician or surgeon to each Infirmary.

9th. The want of sufficient exertion in raising funds, out of which arise,

10th. The want of sufficient room in many of the Hospitals, and of adequate funds to enable the governors to increase the number of beds to that which the Hospitals could contain, or even to render those it does contain available.

1st. The 5th and 6th Geo. 3, having fixed the greater number of county Infirmaries (23) in the assizes towns, without any consideration whether such towns were central or otherwise, it unfortunately happens, that many of these institutions are in the most inconvenient situations in which they could well be placed, and so remote from the greater part of the county population, as to render it physically impossible for serious or bad cases, either medical or surgical, to be removed to them. To satisfy himself on this vital point, the reader has only to consider, or to be informed, what cases they are that chiefly require admission into the wards of an Infirmary, and then to look at the map of Ireland, and observe the position of several of the county towns in which Infirmaries have been established under this act. In a future chapter I shall endeavour to point out the different classes of patients that ought to receive Infirmary accommodation, and those which do not require it, but who can be fairly attended at their own residences by Dispensary surgeons. At present

I shall only observe, that bad casualties, as cases of compound fractures of the limbs, serious injuries of the head, or extensive wounds or lesions requiring much and close attendance, or likely to require to be operated on, &c., as well as strangulated hernia, and retention of urine, non-contagious medical cases, such as inflammations of the principal cavities, so frequent amongst a population badly clad, and much exposed to the inclemencies of the weather, are those which chiefly are entitled to preference in a public Hospital, and that no such cases should be excluded by the reception of chronic, surgical, or medical patients, unless in some very rare instances. Bearing this in mind, I would request the reader to look at the situation of the towns of Wexford, Lisburn, Derry, Lifford, Sligo, Carrick on Shannon, and Limerick. He will see, that Wexford, for instance, is at the extreme eastern end of the county, distant from Ross, and the large and populous district in the west and south of the county, from eighteen to twenty-five miles, and still more remote from the country, surrounding Newtownbarry, Clonegal, Gorey, &c. at the northern end. Let him then picture to himself the physical difficulties that lie in the way of such patients as I have now described, as the most legitimate for admission, partly from the distance they would have to bear removal, even if able to command a comfortable vehicle, (which numbers of them would not, or could not procure,) and the injuries arising to such patients from so long a carriage, omitting the bodily sufferings, and the increase of illness, necessarily consequent on such journey, and then say, if he thinks it likely that many such cases are likely to go to the Wexford Hospital from these remote districts, in which there are no institutions to efficiently afford them that aid their diseases so much require. Let him then look at the situation of Lisburn, in which the county Antrim Infirmary was established, at the extreme south end of it. This county affords perhaps the best instance of that want of attention in the selection of convenient sites for our Infirmarys of any other in Ireland. In truth, one might fairly suppose the object was, by establishing the Infirmary in Lisburn, to make it as inconvenient as possible for the sick poor of the county; at least, that has been, and ever must be, the necessary effect of such a situation. Lisburn is not less distant from the populous towns and districts of Larne, Randalstown, &c. than about twenty-four miles; from Ballymena, which is in the centre of the county nearly, thirty miles; from Glenarm thirty-two miles; from Cushendall and Ballinomy not less than thirty-eight

miles; and from Ballycastle, Bushmills, &c. still more northern, it is at least fifty miles. Lifford is another instance of the want of attention to centralization in the establishing of our Infirmarys, being so remote from the three-fourths of the county of Donegal, that I venture to assert a *fit* case—chronic or *unfit* may—but an acute one can but rarely come to its Infirmary from these remote divisions of the county.

But independent of the places above mentioned, in which Infirmarys have been built at the extreme ends of the different counties, there are others equally inconvenient and remote, though not from the same cause. In several large counties, as Cork, Galway, Tipperary, Mayo, Down, Kerry, &c. though the situations in which their Hospitals were erected were tolerably central, the great extent of each county causes the same inconvenience which a less central one does in others of a lesser extent. Mallow, for instance, is, perhaps, as central and convenient a spot as could possibly be chosen for one general Hospital for the county Cork; but its great distance from many populous towns, and extensive districts in the south and west of the county, as Bandon, Kingsale, Bantry, Clonakilty, Youghal, &c. renders it quite as impossible for fit cases residing in these towns, or the contiguous districts, to be removed to the county Infirmary, as if that institution were in Constantinople, or at the western side of the Atlantic ocean. Tipperary is similarly circumstanced, being naturally divided by a chain of mountains into two parts, north and south. Cashel, the site of the Infirmary, is quite central as regards the latter division; but it is twenty, thirty, and even forty miles distant from Nenagh, Roscrea, and Burris O’Kane, wealthy and populous towns and districts in the northern end of the county.—Galway, Castlebar, Tralee, and other places, in which there are Infirmarys, equally remote from many populous districts of each county, present equal physical difficulties in preventing those, whom I contend to be the *fit* objects for Infirmary accommodation, from being able to get themselves removed to those places, even though certain, that on their arrival they would be admitted, which I shall shew is, in numerous cases, the reverse of what actually occurs.

The physical difficulties thus produced by both these circumstances, each arising from distance, are obviously such as any one who gives the subject only a slight consideration, must admit, to be likely to be attended with the effects I have alluded to. And the consequences would na-

turally be, and, in fact, I shall shew that the consequences are, that an Infirmary which is intended for the county at large, and paid for by the whole county, is in reality only a district one, being chiefly useful to the sick poor of a circle of country about eight or ten miles around each Hospital. This is a fact that has long been well known to, and much regretted by several of the medical profession, as well as by humane individuals, who feel an interest in promoting the efficiency of the medical institutions of this country. The fact, however, that the county Infirmaries are chiefly in their operation only district Hospitals, has been stoutly denied; and as the assertions of those who are unconnected with these institutions, but who possess many, though indirect means, from their private and dispensary practice, of acquiring information on the subject, may be met by the denial of gentlemen, officially and professionally employed in their management and practice, something more than assertion is necessary to establish a fact of such importance, when met by the denial of those who must be supposed to be best acquainted with the statistical details of their own charities, but who, I believe, have not paid that attention to the subject which would enable them to arrive at accurate conclusions.

In 1828, I addressed a circular to the physicians and surgeons of different county Infirmaries of England and Ireland, for the purpose of obtaining information, to lay before the inhabitants of this town and its neighbourhood, to induce them to build a small general Hospital, of which the sick poor of so populous, wealthy, and manufacturing a town and district were, and still are, greatly in need. The Irish circular contained, amongst others, the following queries:

“1st. How many intern patients were admitted into the Infirmary during the last year?

“2nd. Of these how many were residents of the city (or town) of (), (that in which the county Hospital was established,) and of a district of country about four miles around it?

“3rd. How many resided at a greater distance than five, but not above ten miles?

“4th. How many came a greater distance than ten miles?”

Previous to this period, there was a strong impression on my mind, that the *minor* population in the districts more contiguous to county Infirmaries, supplied these institutions

with a much greater number of intern patients than the *major* one beyond a circle of eight or ten miles. But I had not until then a sufficiency of facts, to prove that such was the case. The few returns I was favoured with in 1828, however, convinced me, that this opinion was correct; but the local object for which I issued the circular having been accomplished, by the erection of a small Surgical Hospital here, which, however, has been productive of but little benefit, my inquiries on the subject then ceased; but when, about a year ago, I determined to collect more information respecting the medical charities of this country, I addressed a similar circular to all the treasurers of county Infirmaries in Ireland, and the greater number not having been answered, subsequently to the surgeons of these charities. Table No. VI. gives a condensed view of the information obtained in answer to these queries. It includes returns from fourteen county Infirmaries, some in each province, as well as from five Infirmaries for cities and towns. I regret that I am unable to give the statistical returns of all the other county Hospitals, which I should gladly do even were they unfavourable to my preconceived opinions on the subject, my sole object being to obtain such accurate *data* as would enable those who may legislate, to do so on correct information. But as all my entreaties have not been sufficient to induce the gentlemen connected with the remaining Hospitals, to favour me with answers to the above queries, and as I have given all that I obtained, it cannot be justly said, that I have given a partial or unfair view of the subject.

It will be seen by an examination of this table, that in twelve and a half counties the total number of admissions into their respective Infirmaries in one year, was 4,161; that of this number, a population of about 533,398 residing within five miles of these Hospitals, furnished no less than 2,275, whilst the remaining population of these $12\frac{1}{2}$ counties only supplied 1,886, though it amounts to 2,618,159. So that the district contiguous to the Hospitals obtained Infirmary accommodation, in the proportion of one to every 234 of its population, whilst the more remote had only one in 1,416 accommodated. The mean proportion of admissions to the population is for these counties as one to 781.

In part 2 of the same table, I have given the returns of five city and town Infirmaries, which I expect will assist in throwing more light on this obscure subject. With the exception of the city of Dublin Hospitals, these are the only in-

stitutions of the kind in Ireland. These five, it appears, admit about 1,514 yearly, from the population of five cities and towns, or in the proportion of one to 183, a fact deserving of notice, in connexion with that respecting the admissions into the Dublin Hospitals, as well as the number received from the home districts into those county Infirmaries, of which I have been able to obtain any returns.

The following are the authorities on which Table No. VI. is drawn up. I copy the *ipsissima verba*, that I may not be accused of using the information with which I have been favoured in such a manner, as to endeavour to prove more than was intended by those who made the communications to me, and also, that the reader may see the mode in which that information was obtained.

In answer to my queries, Dr. Lysaght, Surgeon to the Roscommon Infirmary, writes: "there are at present forty-two interns, seventeen of whom were residents of the town of Roscommon, and of a circle of five miles around," of course, the remaining twenty-five came from the rest of the county. From these *data* I have calculated, that as by official returns I know the Hospital to have admitted 352 interns in one year, and the population of the town and of a circle of five miles, is not likely to be more than 28,000, the proportion of interns for that district must be about 142; for the remaining population of the county, 221,613, about 210. This calculation would be more satisfactory and correct, were the admissions for six or twelve months from each district given, as in several other returns; but I can only give information as I get it; and had all to whom I applied favoured me with it even in the way Dr. Lysaght has, these statistical accounts would be much more perfect. Dr. Rogan of the Londonderry Infirmary observes, "I cannot accurately state the proportion of Hospital patients that came from the city and a circle of five miles around it; but I think they form fully one half the admissions." The interns in one year were 284. The population of the city is 10,130, that of a circle of five miles I have estimated at 25,000.

Dr. Heath, Surgeon to the Baltinglass branch of the County of Wicklow Infirmary, informs me, that "in 1833, the interns admitted were forty-one: fifteen of these resided within one mile of the Hospital, beyond one, and not above five miles, twenty-three, and from a greater distance three." The population of Baltinglass is 1,667.

Dr. Maxwell, Surgeon of the county Tyrone Hospital,

informs me, that "234 interns were admitted in one year, (1833); of these, about one-eighth resided in Omagh, and within a mile of it; beyond one mile, and not above five miles, about one-quarter, and from a greater distance than five miles, about five-eighths." Ninety is, therefore, about the number admitted from Omagh and the district within five miles, and 144 from the outer district.

A medical friend who called for me on Dr. Pack of Kilkenny, in 1829, got the following information from him. "The number admitted the previous year was 421. About one-half were residents of Kilkenny, and of the country within five miles of it; the other half came from beyond that distance. The city supplies one-fourth the Hospital interns."

Mr. McEvers, House Surgeon to the South Cork Infirmary, states: "on looking over the registry, I find, that 339 patients were admitted last year; 119 being residents of the city and suburbs, and the remainder coming from different parts of the country, and even from very remote places in Ireland."

Mr. Graham, Apothecary to the Cashel Infirmary, took much pains in going over the registry of that institution with me lately, and kindly assisted in making out the following return: "Cashel, and a circle of country about five miles around it, furnished seventy-three patients within the past year, the remaining 166 coming from a greater distance than five miles; total for the year 239."

Dr. Archer, the late Surgeon of the Wexford Infirmary, writes: "intern patients admitted in the course of the year 260, one-half of these came from the country, one half of which are from a distance more than six miles."

Dr. Jacob, Surgeon to the Queen's County Infirmary, states: "we received into our Infirmary, from May 17th to November 17th, (1834), 330 patients, of whom were from the town of Maryboro twenty-six, within five miles of the town 180, within ten miles 109, beyond ten miles fifteen."

The Surgeon and Apothecary to the Enniskillen Infirmary having refused to give me any information, a gentleman officially connected with it, and well acquainted with the public institutions there, writes to me as follows: "it is *supposed* ten intern patients have resided within the circle of six miles for one outside, or as one to ten." This was in answer to a query, "what proportion of the intern patients come from the town, and a district of about five or six miles? how many

from beyond that distance?" As the number admitted in one year was 192, which I know from the official returns, I would, from this, be justified in estimating the patients admitted from district No. 1, in the county Fermanagh, to be 172, and those from the second only twenty; but I have only taken the first at three-fourths of the whole, and the second at one-fourth, as I wish to be rather under than above the exact number in all cases too favorable to my own views.

A governor of the Mallow Infirmary, the Rev. F. Stawall, gave me the following information in 1829: "number of internal patients last year 310; the number admitted from Mallow and six miles around, last year, 196; from beyond that distance, 114; total 310."

Dr. Galway, the medical officer of the Infirmary, supplied me with the following statement lately: "in 1830, 133 admitted residing outside six miles, 193 residents of Mallow, or within six miles: in 1831, outside the six mile limit 144, inside 172; in 1832, outside 125, inside 166; of the number within six miles, about one-half resided in the town."

Dr. Bunker, of the Louth Infirmary, writes: "175 patients were admitted into the Hospital in 1833, of whom forty-six resided in Dundalk, and within one mile; fifty-nine more than one mile, and less than five; seventy more than five miles."

Dr. Byron, Surgeon to the County Meath Infirmary at Navan, states: "intern patients admitted into the Hospital, for the year ending June, 1834, as by report, 237; of whom there resided in Navan, and within one mile of it, 166; above one mile, and under five miles, twenty-five; those who came a greater distance 46; total 237."

Dean O'Shaughnessy, the parish priest of Ennis, and a governor of the county of Clare Infirmary, was kind enough to supply me with the following information: "in reply to your communication, I beg to state, that the patients of both the Infirmary and Fever Hospital, are, in five cases out of seven, from among the inhabitants of the six surrounding parishes, each of which skirt the town, (of Ennis), and extend perhaps to the distance of nine and twelve miles." I find, by the population returns of 1831, that the total population of these six parishes is 29,264; but I have admitted them in the table No. VI. to be 35,000. According to Dean O'Shaughnessy's account, therefore, as the number admitted in one year was 416, these six parishes obtained

hospital accommodation for 297 patients, whilst the remaining population of the whole county, viz., 223,342, only furnished 119 interns. If there be any inaccuracy in these numbers, I cannot be censured for it, having more than once requested of the medical officers of the Hospital, to give me the returns officially, but with which I have not been favoured.

Independent of these statistical returns respecting the intern patients of county infirmaries, I am enabled to give the following from the medical officers of the Limerick City Hospital, the Waterford Leper Hospital, the Belfast General Hospital, the North Cork Infirmary, and the Drogheda Infirmary.

The House Surgeon of the Barrington (city) Limerick Hospital, Dr. Allen, observes: "patients admitted during the last ten months were 392 in number; all these resided in either the city or its liberties, with the exception of about half a dozen persons, who came from distant parts of other counties, and met with accidents in the city, which cases are never refused admission." The admissions in twelve months at the same rate would be 457. The population of the city of Limerick and its liberties is 66,554.

Dr. Mackesy, Senior Surgeon to the Leper Hospital in Waterford, informs me, that "twenty-three patients were admitted during the year 1833 from outside the city and county of the city, and of this number seven were from a greater distance than ten miles. The above twenty-three were paid for at the rate of 1s. 2d. per day."

"Patients admitted during the year, ending 5th January, 1834, were 426; of these twenty-one were paid for at the rate of 1s. 2d. per day, of whom ten came a greater distance than ten miles from the city."

All patients admitted into the Leper Hospital from outside the city boundaries, must be paid for at the above rate, so that in 1834, the number admitted from the city and liberties was 405, from outside, i. e. from the entire of the county of Waterford, twenty-one. Some of the worst cases admitted into the Hospital, however, are casualties sent from the limestone quarries in the county Kilkenny, about three miles from Waterford, so that even these twenty-one are not residents of the former county.

Mr. Gosnell, Apothecary to the North Cork Infirmary, informs me, that "the North Cork Infirmary is a city one

exclusively." In 1832, it was made a Cholera Hospital for several months, but in 1831 it admitted 218 patients.

Dr. Pentland, Surgeon to the Drogheda Infirmary, states : "there were ninety-eight patients admitted as interns during the year 1833, about two-thirds of whom were residents of the county of the town of Drogheda ; about one-third came from beyond the boundary of the town. In some cases of accidents, patients are sent from the distance of eight or ten miles."

Dr. Coffey, one of the Physicians to the Belfast General Infirmary, in answer to queries respecting the number of patients admitted into that institution, informs me, that "they are from the town of Belfast almost entirely." For three years, the total number admitted averages about 600 medical, 400 surgical ; of these, I find, by the parliamentary report of 1832, that about 508 are fever cases, consequently, the Infirmary patients are about 492 yearly. In place of supposing that "almost the whole" of these are furnished by Belfast, I have only given 369, or three-fourths that number, as its proportion ; the remaining one-fourth as that of the country contiguous to it. The population of that wealthy town is 53,287.

I would also request the reader's attention to a fact mentioned by some of the gentlemen who favoured me with these statistical returns ; which is, that the city of Kilkenny, with a population of 23,741, gets hospital accommodation for as many patients as 42,500 in the rest of the country ; that is, one-fourth the intern patients are supplied by it. The same is said to be the case in Wexford, which, along with its suburbs, has only a population of 12,000 ; and at Mallow, which has only 7,000. In both, one-fourth the interns are residents of these small populations.

The returns from which Table No. VI. is made out, prove, I think, most decidedly, that the population most convenient to our infirmaries obtain most assistance from them, and that these benefits diminish in proportion to the distance of each district from these charities. I shall be able to show the same to be the case in regard to Fever Hospitals, even in a more remarkable manner. From this circumstance it is clear, that it must be a great defect to place such institutions in the remote end of a county, and particularly, if such county be large and very populous, as many of ours are.

Second defect.—It could not, perhaps, have been foreseen by parliament, that vesting the power of erecting a second

Infirmary for the same county in the hands of the governors of that first established, was the most likely means of preventing so desirable an object from being carried into execution. Some consideration of the subject, however, and even a moderate acquaintance with the mode in which the surgeons of infirmaries are elected, and the kind of practice they possess, would be sufficient to shew, that such must necessarily be the case. The surgeoncy of a county Infirmary becomes vacant, or is likely to be so shortly. A canvass takes place by perhaps a dozen medical men. The governors, in general, are few; and it usually happens, that the surgeon who has most family connexions, or is recommended or introduced by some influential person to one or more governors, who have such connexions, is elected. Formerly, the Castle and the Protestant hierarchy and clergy, almost nominated these officers. Latterly, however, the local governors take a more active share in the elections. As a general rule, when elected, such medical gentlemen, from a variety of circumstances, become the professional attendants of such of the governors as reside within a circle of eight or ten miles of the Infirmary, which the majority of them do in many counties. The Infirmary Surgeon, therefore, is a person in whose professional, as well as private, interests, these governors feel much concerned. If a second be deemed necessary by the gentry, or by some governors at a distant part of the county, is it not natural that the former class of governors will not be favourable to its establishment, as it will be necessary to take from their own friend and medical attendant one-half the salary he enjoys, and to give it to another, of whom they know or care nothing? The same feeling may be supposed to exist respecting the apothecary, whom the local governors are often anxious to befriend, though of course he is not so great an object of their care as their family physician. Beside, if a second Infirmary be erected, the funds must be divided between both, not equally, perhaps, as appears by the Wicklow and Baltinglass branches, but still so much must be given to the second, as greatly to diminish those of the first. This, it is natural the governor of the elder branch should not like, and knowing that such must be the case, if they *originate* the establishment of a second Hospital—which they only can do—or encourage such a design if proposed to them, we might be certain, even though we had no experience of the fact, that these combined feelings in favour of their medical officer, and a natu-

ral desire to retain possession of the entire of the funds, would, and always will, operate so as to prevent the governors of infirmaries from erecting a second.

But leaving reasoning or conjectures out of the question, let us come to facts. The act which gives the governors of infirmaries the power of erecting a second in each county, was passed in 1814; of course, under a strong impression entertained by the legislature, that in many counties such second institution was much required, and would be soon established. What has occurred? how many hospitals have been built in consequence? one only, the Baltinglass branch of the Wicklow Hospital. "Were any such hospitals required in other counties?" it may be asked: "and is it possible, that such want being perfectly well known, the grand juries and governors of infirmaries, many of whom are the most respectable persons in each county, could so far neglect the trust reposed in them by the legislature and the public, as to have overlooked the discharge of so sacred, so useful, and so pleasing a duty, as that of providing a second institution for the sick poor of these respective counties?" But in favour of the governors I must observe, that were they to propose the establishment of a second Hospital in many counties with which I am acquainted, insuperable difficulties would have been *heretofore* thrown in the way. Let us take Tipperary for instance: suppose a proposal were made to erect a second Hospital in this county, where is it most required? in Clonmel, decidedly, in which and its vicinity more serious casualties occur, than in any other district of equal population, from the greater number of persons who are here employed in manufactures, mills, distilleries, breweries, stores, &c. "But Clonmel is only twelve miles from Cashel," it would be said by the people of Nenagh, "and can reap *some* advantage from the Cashel Infirmary, whereas, the population of the northern end of the county can receive but *little or none*." Now the fact is, the sick poor of Clonmel, at least those who most require it, though within twelve miles of the Infirmary, do receive but little benefit from the Cashel Infirmary. Suppose then a proposal to be made to the grand jury by such of the governors as reside in the direction of Clonmel, to grant them a presentment for a second county Hospital *there*, would not such proposal be naturally, nay, justly opposed by such grand jurors as reside in the other end of the county? And reversing the case, is it likely that the gentry of Clonmel, Carrick, Clogheen, &c. who can de-

rive so little advantage from the existing institution, and still less from one at Nenagh, will be favorable to the establishment of a second there? The same causes would influence the gentry of almost any other county. Propose to have a second Hospital built in the county Wexford, what site can possibly be agreed on? if New Ross, the most populous and commercial town in the county next to Wexford, such proposal would be scouted by the grand jurors residing towards Enniscorthy, Newtownbarry, Gorey, &c.; and if either of the latter were selected, what would be said by those residing in the west and south of the county, who rarely ever send a patient to Wexford, eighteen miles distant, and could as rarely send one to either of these places.

It is, therefore, evident, that for any practical purposes this power of establishing a second county Infirmary is almost a nullity; at least there are but few counties in which it is likely to be carried into operation.

Far be it from me to accuse the respectable governors of these institutions of having abused their trust, or of neglecting the discharge of so important a duty; were they to attempt it, they would soon find many obstacles to contend with. But I am of opinion, that *circumstanced as they are*, they are not likely to make any great exertions to overcome these obstacles. And I am equally convinced, that any others, similarly circumstanced, would, from the causes I have alluded to, be as unlikely to exert themselves as they are; an opinion in which I am fully borne out by the fact, that only in one county in Ireland has a second Infirmary been established; for, were the causes not general, the governors of the infirmaries of thirty counties would not have acted alike. The exception in Wicklow only proves the general rule the more decidedly.

The third defect, arising from the monopoly enjoyed by the Dublin physicians and surgeons, in being alone eligible to hold medical situations in county infirmaries, is one of a very serious nature. The Irish practitioners who graduate in Great Britain, are far more numerous than those who obtain degrees in Dublin, in proportion, at the least, of three to one. Many of them are as well educated, and in as full and respectable practice as the Dublin graduates, who, from this monopoly, assume to be of a higher class in the profession. But no matter how well educated, or how well professionally informed this excluded party may be, they feel that the chief road to honour and profit is closed against

them, and that those situations which offered the widest and surest field for the display of their abilities and industry are reserved only for others. Men so circumstanced cannot be supposed, or expected, to exert themselves in favour of institutions, from which they are so carefully excluded. And having much communication with the gentry of the country, both as practitioners and gentlemen, they, naturally, avail themselves of these opportunities, and passively influence their patients and friends, to the injury of the infirmaries, by inducing them to subscribe to other institutions; dispensaries for, instance, which afford several advantages—such as attendance on the sick at their own houses—not afforded by the other charities. I do not mean to assert, that this excluded class actually exert themselves to prevent persons from subscribing to infirmaries, but I do know that they as effectually diminish their revenues by the sort of *passive* hostility here alluded to, as they could desire. Independent of the loss of funds caused by these restrictive laws, many other serious disadvantages arise from them, the explanation of which I shall defer, until I come to the seventh defect, the non-appointment of a second medical officer to county infirmaries.

Fourth defect.—Were the three sources of providing public funds for these charities sufficient to enable them to afford efficient medical aid to all such sick poor as are fit objects for admission, there can scarcely be a doubt that county presentments and petit sessions fines would be a desirable mode of raising such funds. Treasury grants appear more exceptionable for many reasons. But we know that all these sources are not sufficient, and that unless the law allows a larger sum to be raised by the county than at present, they must be ever insufficient. The defect from mixing up public with private funds arises, in the case of infirmaries, from this; the public fund which can be annually raised by county presentment is £700 a year, viz., £600 for the use of the hospital, and £100 for the surgeon; to this add £92, treasury grant, there is, independent of any sessions fines, a sum sufficient to enable the governors to afford infirmary aid to the sick poor within a moderate distance of the hospital. Having a command of this fund, the governors are not stimulated to exert themselves in soliciting donations and subscriptions, and therefore the contributions of many, who would become life or annual governors, if applied to, are never obtained. But were not these public funds available, or were they not so considerable as they are, the local governors

would be under the necessity of soliciting subscriptions, and that they would obtain them, to a very considerable amount, is, I think, undeniable, *provided the hospitals were so managed as to afford that quantum of professional aid which the public might fairly expect.* Having these public funds, however, the governors so manage the charities, as to render them in a great measure district hospitals; that is, chiefly useful to the sick poor of the country immediately contiguous; not selfishly, or, perhaps, not reflecting that such is the case, but still such is the usual effect. If any doubt that this is the fact, the returns in Table No. VI. must at once convince him of his error; and that the sick poor, the tenants, labourers, and domestics, of the gentry within that circle of eight or ten miles, are chiefly so relieved at the expense of the public, is evident, from an inspection of Table No. III.—the official account published by the Board of Health—by which it appears, that in 1828, the whole amount of donations, subscriptions, petit sessions fines, and *other contingencies*, only amounted to £1973 for twenty-nine counties, or at the average of £68 from the gentry of each county; whilst the treasury grants and county presentments were no less than £17022 4s. 3d., every penny of which, and more, was expended within the year, being at the rate of £587 for each county; to which should be added the sums presented for the surgeons' salaries. In the next year, it is true, we find the private subscriptions and donations amount to £2604, but the treasury grants and county presentments were £17522, still showing that the chief income of these charities is supplied by the public at large.

Were all the *fit objects* for infirmary relief resident within each county, enabled to obtain hospital accommodation, the defect arising from this mode of raising funds would still be deserving of attention, though not so much as it now is. But as it is notorious, and indeed admitted, that such is not the case; and that these institutions, with the number of beds usually occupied, and the funds they annually obtain, *could not* accommodate one-half such *fit objects*, it becomes necessary to examine this part of the subject more minutely, and to show that public funds being provided, *the gentry of each county are not induced to contribute.* A few instances will show this in a very clear light.

It is stated in the first report of the Board of Health, that, "the governors (of the King's County Infirmary) at all times keep as many beds occupied as they can afford. Had

they funds sufficient, the demands on the Institution are so great that they could occupy double the number of beds. *They so manage as not to expend more than their income, and not to have any surplus.*"

This Hospital contains "twenty-six rooms, fifteen of which are wards, each ward containing from three to six beds." Of course, these fifteen wards, even though each had in it only three beds, would contain no less than forty-five; but the following statement given in the second report, respecting the dimensions of each ward, shows how far this number falls short of that which they are *capable* of containing: "This Hospital contains thirteen wards, eleven of which contain thirty-five beds, the remaining two wards being vacant." The following are the dimensions of the wards: "operation ward, 24 feet long and 14 broad; men's ward, $24\frac{1}{2}$ feet by 16; do. venereal, $17\frac{3}{4}$ by 16; men's ward, $17\frac{3}{4}$ by 16; women's ward, $17\frac{3}{4}$ by 16; do. $24\frac{1}{2}$ by 16; accident ward, 35 by 14; all 11 feet high; convalescent ward, 35 feet by $14\frac{1}{2}$; men's do. $24\frac{1}{2}$ by $15\frac{1}{2}$; do. 18 by $17\frac{3}{4}$; men's ward, $17\frac{3}{4}$ by $16\frac{3}{4}$; ditto, ditto, $24\frac{1}{2}$ by $15\frac{1}{2}$; women's convalescent ward, $35\frac{3}{4}$ by $14\frac{1}{2}$; all $10\frac{3}{4}$ feet high."

Now, here are wards capable of containing, at least, and uncrowded, seventy-six beds; thirty-five are said to be occupied. The governors state, that, "had they funds sufficient, the demands on the Institution are so great that they could occupy double the number of beds." We find they have ample hospital room for more than that double number, and their surgeon is known to be one of the most talented in Ireland. Two questions here naturally occur; could not the governors, by some exertion, obtain a considerable increase to their funds? and, if they could, how does it happen that such exertion is not made? In answer to the first question, I would request the reader's attention to the *materials* which the county affords for the supply of an increase of funds. There are 116 magistrates in the King's County. If we suppose that one-fourth of these are only officially connected with it, as military gentlemen, land agents, police magistrates, &c., there will still remain eighty-seven, each of whom we have a right to assume has a sufficient property in the county to induce him to subscribe to an Infirmary *of which he approved*. There are forty-eight entire parishes, and parts of thirteen parishes in this county, which contain 457,000 English statute acres, and a population of 144,000. Allowing for unions of parishes, both in the Established and

Catholic Churches, there are probably at least thirty Protestant rectors, and thirty Catholic parish priests in the county, or connected with its livings: under a system of infirmaries which met the approval of the community, forty, at the very lowest, of these sixty clergymen ought to be subscribers; indeed we should rather expect to find every one of them on the list of governors. Here are 127 legitimate donors or subscribers. There are in the county two considerable towns, Tullamore and Parsonstown, each with a population of 6500, and seven other towns with populations from 1000 to 2600 each. In these, and through the county, there must be several moderately wealthy persons, who are neither in the commission of the peace, nor clergymen, as merchants, professional men, &c., who may be estimated at the very moderate number of thirty, and whose circumstances would enable them, and whose humanity ought and would induce them to subscribe, if only applied to in such a manner as to cause them to feel some interest in the prosperity of the Infirmary. The whole of these would amount to 157, no very great number out of such a population, and in a country not burdened by poor laws. Now let us see how much the gentry of this county contributed to the infirmary in 1828, 1829, and 1833, the only years for which I have obtained returns. In 1828, the donations and life subscriptions amounted £0 0s. 0d., and the annual subscriptions and other *contingencies* to £29 8s. If the entire of this sum were paid by annual subscribers, it would be the contributions of only nine governors. In 1829 the life governors and donors paid £154 2s. 9d. less than the contributions of eight such governors; the annual subscriptions were £25 1s., that of eight annual subscribers. In 1833 the life subscriptions and donations were again *nil*; the annual, amounted to £3 3s. that of one governor. So that the average of these three years was, $2\frac{2}{3}$ life governors, and $6\frac{1}{3}$ annual subscribers each year; the former paying £51 9s. 8d., the latter, £19 4s. whilst the average annual expenditure was £695, the entire of which, with the exception of these trifling items, was obtained from public sources. This statement, I think, answers the first question satisfactorily in the affirmative. It is plain that there are materials in the county from whence very considerable subscriptions could be obtained by only very moderate exertion. Then comes the second question, why is not such exertion made, when the governors admit that "such are the

demands on the Institution, that double the number of beds would be occupied had they sufficient funds?"

Though I have selected the King's County to exemplify the defect arising from the mixing up of public and private funds in providing for our infirmaries, I beg to be understood as not intending any imputation on the governors of the Institution of that county, or on its gentry. They only act as most others in Ireland do in this respect. But were not these treasury grants, county presentments, and petit sessions fines available, can we suppose the Infirmary would be less efficient? or that half the fit cases would be excluded? The want of exertion to obtain donations and subscriptions, therefore, arises, first from the governors having so large a public fund at their command, and as they know its annual amount almost to a few pounds, they calculate their expenditure accordingly; or as the report forcibly states, "they (the governors) so manage as not to expend more than their incomes, and not to have any surplus;" that is, they expend the public funds usefully, but make no exertion to obtain any from private sources, even though the former are insufficient. The second cause is, the gentry somewhat remote from the Infirmary, finding it impossible to send their sick poor neighbours to it, partly from distance, partly from the difficulty of obtaining admission when the distance was overcome, prefer establishing dispensaries in their respective neighbourhoods, where, if the sick have not the advantages of an Infirmary, they generally have that of an intelligent medical officer, who occasionally visits them, and gives them such medicines as they require. Many of these gentry, therefore, would not and will not contribute to an infirmary at a distance, and under the circumstances I allude to, though they would gladly do so towards one more convenient to them, into which they could get their sick poor more readily admitted.

One or two other instances may be necessary to prove this defect. The Galway Infirmary contains twenty-seven rooms, of which ten are wards, containing, according to the first Report of the Board of Health, "forty-two beds, but from want of funds thirty-seven only are in general occupied." From the dimensions of the wards, as given in the second Report, it is evident that they are capable of containing at least fifty beds. The total number of patients which this Hospital admitted in 1828, was only 179, from a population of 415,000. The county has 142 gentlemen in the commission of the peace. But deducting one-fourth, as per-

sions having no property in it, there will still remain 109 magistrates in the county. It contains 164 parishes, and it may be fairly assumed, that at least forty clergymen of all persuasions might be found on the list of donors or subscribers. I am enabled to give three years' returns of the monetary transactions of this Infirmary. In 1828 there was one life subscription paid, viz. £21, and two annual subscriptions £6 6s.; in 1829 the entire funds from donations and subscriptions amounted to £3 3s.; in 1833 there was one life and one annual subscription, both £24 3s. Beside the city of the town of Galway, which returns two members of parliament, there are in this—the second county in Ireland in extent and population—nine towns of considerable size and trade. Altogether one could scarcely estimate the number of persons able to pay £3 3s. per year to such a charity, to be less than 200. For the above three years they only averaged two annually.

I now come to Munster, and shall give Tipperary as an instance, though any other county would answer as well. The first Report of the Board of Health states, that the Infirmary contains “twenty-one rooms, of these six are always used as wards, and sometimes seven; in the whole there are thirty-two beds, twenty-four being generally occupied. The treasurer reports, that the income is not sufficient to meet the expenditure, a considerable sum being now due to the druggist, which they are unable to pay. A presentment was obtained last year for repairs; this being found insufficient, the sum of £110 was expended for further repairs. *To meet the latter expense the governors were obliged to diminish the number of intern patients,* which during the last year amounted to 178 only, instead of 240 or 250 usually admitted.”

I find a similar reduction of expenditure and of intern and extern patients, to make the former square with the income, in other Infirmaryes. The governors of the Louth Infirmary state, (first Report,) that “formerly extern patients were attended to every day, but it was found necessary to limit the attendance to two days in the week:” and, “the expenses so far exceeded their income, that latterly the governors were obliged to *shut up one of the male wards*, and to limit the attendance on extern patients to two days in the week.” In the same Report it is stated, that, “the governors (of the Queen’s County Infirmary) proportioned the number of patients admitted to the Hospital to

its probable income." In the Wexford Infirmary, during some years, the income was not sufficient to defray the expenditure, and the governors were under the necessity of limiting the number of patients." Several other Infirmaries gave the same account. But to return to Tipperary :

The seven wards of the Cashel Hospital are capable of containing thirty-eight beds. The county has 151 on the lists of its magistracy, of whom, at least, 120 more or less reside and have property in it. It contains 145 parishes, and a part of twelve others. Many of its Protestant and Catholic clergymen are, I know, both comfortable, charitable, and generous, and I do not think it an over estimate, to expect that fifty of them *could and would* subscribe to an Infirmary at which the sick poor in their respective parishes were relieved. The merchants of its twelve or thirteen populous towns are numerous, and several of them munificent in their charities, when any occasions arise to require their contributions. I am sure I much underrate the number when I state, that there are, at least, 200 merchants and others in this county, who are neither magistrates nor clergymen, and who are both able and willing to subscribe to an Infirmary under such circumstances as would be satisfactory to them. Yet in 1828 there was no payment by a life governor, and only £39 16s. from annual subscribers ; in 1829 none of the former class paid, and only £51 7s. by annual governors, and in 1831, the annual subscriptions and arrears of subscriptions only amounted to £54, no life governors having paid.

It is unnecessary to multiply examples of this kind, which are to be found in Ulster, as well as in the other provinces ; and of which each county in the kingdom, two perhaps excepted, if indeed any ought to be accepted, might be given as instances.

Here there are two important facts clearly established ; one, admitted by the governors themselves, either directly or indirectly ; the other, shown by their returns to the Board of Health, that their funds are insufficient to meet the demands of *fit* cases on them, (for, of course, they would not consider it necessary to advert to the claims of patients who are *not fit* subjects,) and that the contributions of the gentry of the country to these institutions are so small, as to leave little hope, *under the present system*, that by any great increase in the donations and subscriptions this deficiency of funds will be obviated. It is evident that the governors depend chiefly on this, and almost calculate their expenditure, and only admit patients,

in proportion to the funds obtained, or likely to be obtained, from public sources. But these being insufficient, they make no exertion, as the governors of infirmaries in England do, to induce the gentry of the country to become donors or subscribers. It is very doubtful, on giving the whole subject a good deal of consideration, whether, the infirmaries being once built at the public expense, more good would not be done were there no public funds whatever, as in that case the resources of each county would be brought into play, and these charities would be better managed. At all events one can scarcely suppose, that by the efforts of private charities these institutions could have been less efficient than they have been, and now are, in general, with public funds. Were there none of the latter, would the wealthy and populous County of Down, for instance, have an Infirmary with only twenty-three beds, containing about eighteen patients at a time, and only accommodating 130 in a year? or, would the still more wealthy and populous County of Tipperary have an Hospital with only twenty-two beds, (see Report 2,) affording accommodation to but 196 in the year? The probability is, that were there neither treasury grant, nor county presentment, each of these counties, and many others, would long ago have three or four district hospitals, each as well supported, and much more efficient, than the one it now possesses. This, it may be supposed, is giving too strong an opinion on the subject; but I have no doubt of its correctness, as I am confident that the mixing up of public with private funds, is a great defect; and that whilst the former remain insufficient, the resources of the county, through the contributions of private individuals, will never be fairly brought into action under the present infirmary system, which holds out so small inducement to those at a distance to subscribe. But still, until the whole system is altered, I by no means advise the abstraction of these public funds.

Fifth defect.—The want of any efficient control over, or inspection of, the infirmaries of Ireland, has been, and until remedied, ever must be, a very serious defect. For want of it the county infirmaries have been far less useful, and in much less esteem, than they otherwise would have been. These are circumstances to be expected by any one acquainted with the mode in which the medical officers are appointed, and the relative situation in which these officers and the governors stand in regard to each other. The election of a surgeon for a county infirmary generally excites much local in-

terest. The salary being, relatively, considerable, (£192 a year, the legal *maximum*,) and the surgeoncy of an infirmary the sure road to practice and professional respectability, when a vacancy occurs, the competitors take care to interest every governor, and, indeed, almost every person, male or female, of any rank, influence, or property, in the district. The governors, in general, have two fair and legitimate objects in view,—to select a competent surgeon for the infirmary, and one whose moral and professional character is most likely to render him a fit practitioner to be safely employed by themselves. The election being over, it generally follows that the successful candidate becomes the medical attendant of the majority of the governors by whom he was elected, who, indeed, in many instances, appear anxious to give him every countenance and support in their power, and, as far as professional merit goes, often not without good reason. But these very circumstances render those same governors the most unfit persons to scrutinize his public conduct, as surgeon to the infirmary, and the most unlikely to do so sternly and impartially; for what governor is likely to expose the neglect of a public medical officer, who is his own family physician, and perhaps at the same moment in attendance on himself, his wife, or child? But all the governors have not supported him at his election, and all do not employ him; why then should not some of these inspect the hospital, see that the duty is well done, and exert themselves to introduce such regulations as are necessary to compel the surgeon to do his duty, and to insure the best possible attendance on the sick, should such regulations be required, as they certainly are, in some, if not in many instances? The answer is, those who would undertake such a task well know what a sea of trouble, and what a host of difficulties, they would be sure to encounter; for were they to become hospital reformers, it would be immediately said by the surgeon and his friends, that such governors took on them to correct abuses from a mere spirit of revenge and opposition, though perhaps done with the best possible intentions, and in the reverse of a hostile spirit. From motives of delicacy, therefore, as well as from a certainty that they would not be able to effect such alterations, as the majority of the more local governors are friendly to the medical officers, no great efforts are made to control the latter, or to render the infirmaries efficient. I could give instances to prove the correctness of these opinions which would surprize the reader, but I am

more anxious to point out general defects, in the hope of their being amended, than of creating any uncomfortable feeling in the minds of any class of my countrymen. However, when neither party of the governors (the one being unable, the other unwilling) are disposed to efficiently inspect these charities, or to control the medical officers in any matters in which their conduct may happen to injure the sick poor, *or to introduce such regulations as would have the effect of greatly benefiting them*, it is evident that, as happens in other public institutions, some apathy and much injury must be the consequences. And from the circumstances I have mentioned, it is almost mathematically certain, that from the governors, under the present infirmary system, no such control is ever to be expected, nor, perhaps, any sufficient control under any system.

Alluding to this very point, Messrs. Latouche, Disney, and Renny, the Commissioners of Inquiry into the state of the Dublin Hospitals, of whom I have already made mention, observe, “but the *radical difficulty* that has indeed been sorely and extensively felt in Ireland for a long time past, which presses on the country at this hour, and before which, when overcome, *every other difficulty would speedily vanish*, is to find a local control which shall be steady, upright, and energetic, and though we are not warranted by experience to be very sanguine in this matter, still from what has been lately effected in several counties, we think there are reasonable grounds to expect, that the attainment of so important a national object is not *insurmountable*, if the resident gentlemen of Ireland are seriously disposed to exert themselves.” This was published in 1809; whether the improvements “lately effected in several counties” alludes to infirmaries, it is difficult to say, but it appears very doubtful if these institutions improved much from 1809 to 1828, and certainly any that have since taken place, are to be attributed more to the inquiry instituted by Lord Melbourne, than to the efforts of the resident gentlemen.

But as I shall have to take up this part of the subject again, when I come to the consideration of the most efficient mode of inspecting and controlling these institutions, I shall now only state a few circumstances in proof of the want of such inspection, and to show that, great as the defect is, no legal means yet provided to meet it, have been, or are likely to be, effective.

In the first Report of the Board of Health, respecting the Carlow Infirmary, it is stated, that, “as the total number (of patients) admitted in the year (1828) was eighty-four, and

seventeen beds are reported to be constantly occupied, it is evident that patients must remain a long time in the Hospital, on an average about ten weeks."

In the second report, the total number of days' support afforded to intern patients in twenty-three hospitals is given. I have myself endeavoured to estimate the number of days which patients were supported in the seven other infirmaries; and from the whole have given a column of the average number of days which patients remained in each hospital. Excluding the County of Dublin Infirmary from this calculation, as it admits fever patients, the average of the thirty-one infirmaries gives forty-three days for each patient in hospital. On looking over a similar column in the Rev. Mr. Oxendon's tables, and calculating them without taking the fractions into account, (which for want of time I omit,) I find the average number of days each patient remained in twenty-one English provincial hospitals was about forty-two. In the County Cork, (Mallow Infirmary,) according to the second Report, the patients remained a shorter period than in any other, in the year 1829, only twenty-three days' support being afforded each, whilst in Galway the average was sixty-seven days; in Tyrone, seventy-three; and in Donegal, the astonishing period of 131 days. Now, were there any efficient inspection of the Carlow, Galway, Tyrone, or Donegal hospitals, in 1828, it cannot be supposed they would have admitted a class of patients requiring to be left so long in hospital; nor, if such were admitted, *had the local governors been provided with appropriate regulations, would such cases be allowed to remain for such an unreasonable period.* I have lately visited the Carlow hospital, along with its very intelligent and respectable surgeon, Dr. Rawson, and found it to be an old inconvenient building, incapable of accommodating one-half (as Dr. Rawson informed me) the county cases requiring hospital accommodation. It was the same in 1828; and therefore the defect appears particularly evident, when a number of wretches were excluded whilst others were taken into hospital, who either were unfit subjects for it, or, from some particular causes were allowed to occupy beds for such a long time. The same observation applies with equal or with more force to the other three hospitals; as the counties for which they are established are so much larger than Carlow, and consequently there must have been a greater number of persons excluded by the unnecessary delay of the patients who were admitted.

In Report I. it is stated of the Donegal Infirmary, that there are "fifteen rooms with sixty-two beds; the house is almost constantly full, and is much too small for the number of patients, which averages from fifty-eight to sixty-two. The surgeon does the duties of an apothecary. There do not appear to be any subscribers to this Hospital: the property of it seems considerable, amounting to £3685. *Scarcely any person with acute disease applies for admission. Nine-tenths of the diseases are scrofula, and chronic rheumatism, &c., and other complaints arising from bad and scanty food.*"

In the second Report it is stated, that, "the number of patients in the house was, on an average, sixty-five, and the wards are not equal to contain as many beds as there are patients." And yet these patients are each allowed to remain an average of 131 days in hospital, nine-tenths being scrofula, chronic rheumatism, &c. And this in a county containing a population of 298,000 in which there is no other infirmary, nor any fever hospital to admit even mixed febrile cases.*

I lately visited the infirmary of one of the largest counties in Ireland; more than three-fourths of the patients were, like those in the Donegal Hospital, affected with chronic disorders and cutaneous affections, and could be as well treated as out patients. There was scarcely an acute case in the house, and none that required an operation of any importance, or that had been operated on. Yet, on conversing and corresponding with several professional gentlemen in the same county, I found that great inconvenience was felt in their respective dispensary districts, from their being unable to get bad surgical patients admitted into this Hospital.

Sixth defect.—A donation of twenty guineas cannot be said to be too high to entitle one to the privilege of an infirmary governor for life. And unless the regulations are such as to limit the number of patients which such life governor is allowed to recommend, or rather to obtain, intern or extern, attendance for, it may be considered much too low; and it is to be feared, such regulations are either

* It is but right to state, that the protracted period to which patients remain in the Donegal Infirmary is partly explained by there being some "incurables" in it. But in a well regulated county hospital there should be none, especially when it is admitted that such hospital "is much too small for the number of patients" it contains. The reasons for this opinion will appear, when I come to the consideration of the provisions necessary for that wretched class of sick poor in Ireland—"the incurables."

not very general, or not very strictly followed. It is also deserving of attention, that, from the decreased value of money, the sum now paid by a life governor is much less than in 1766, which shows the necessity of occasionally altering the amount originally specified. But these charities are chiefly injured from the yearly subscription being too high. Three guineas, in a poor country like Ireland, are equivalent to four, or, perhaps, to four and an half, in England; yet we find two guineas the usual *minimum* annual subscription to the provincial hospitals in that country. I know there are many in Ireland who would willingly subscribe one or two guineas to an hospital, but who will not pay three, particularly when they know that from want of room, and from their remoteness, they cannot often send patients there. Reserving some observations I have to make on this subject, until I come to the consideration of the best mode of providing funds for these institutions, I would now only point out how defective this portion of the law has been in its operation. In 1828, though the donations of twenty-nine counties only amounted to £523 15s. 11d. or about £18 from the gentry of each; the entire annual subscriptions, arrears of ditto, &c. all included under the item "contingencies," were only £1450 16s. 4d. How much of this was paid by annual subscribers cannot be accurately stated, but a very near approach may be made to it by an examination of the income in the second Report, as given in Table No. IV. In this the item, which in 1828, under the head "contingencies," included several sources of revenue, is divided into four parts, viz. annual subscriptions, arrears of ditto received in 1829, arrears of rent received in the same year, and "contingencies." This latter item in 1829 amounted £737 10s. 6d., and if we suppose the same to have been received in 1828, and admit all the remainder to be annual subscriptions, then under this latter head the sum of £710 5s. 10d. was paid; which would give $7\frac{3}{4}$ annual subscribers for each county; and in the next year (1829) when it is more than probable the Board of Health queries of the previous year induced the treasurers to use more exertion in collecting the subscriptions, the latter were only paid by $12\frac{1}{2}$ in each county. These official returns prove, that as a source of revenue, the infirmaries have not benefited much by annual subscriptions at three guineas, and there appears no good reason to expect that any improvement in that respect will take place. I have at present before me several printed annual reports of infirmaries

of a later date than 1829, some down to 1833, in some of which, the number of annual subscribers was only one, in others, none; in some, only three, four, seven, or eight.

To those unacquainted with the state of society in Ireland, or with our medical institutions, it may appear a matter of indifference whether the *minimum* donation or subscription to a charity be high or low, provided only the same amount of funds be the result. It is, however, of considerable importance that it shall not be high. Suppose, for instance, the *minimum* subscription be only one guinea, which merely entitles the subscriber to have one intern admitted in a year, and two or three externs treated, and that two guineas confers the full privilege of a governor, the power of voting at all elections of officers, &c., and that under this system we shall have fifty subscribers of one guinea, and fifty more of two guineas, both paying annually 150 guineas, a sum equal to the subscriptions of fifty governors under the present law; is it not clear, that more good will be done by the former machinery than by the latter? Every person of moderate means, and of any humanity, will subscribe one guinea; and many from the latter feeling, and from a desire to be enabled to exercise the right of voting, will pay two. The greater number who thus become subscribers, being scattered through the district, a sick pauper or his friends will not, as at present, have to travel several miles in order to solicit a recommendation from a governor,* because these will be more numerous, most probably more accessible, and certainly more likely if the sick person be a fit object to obtain it, from his being a neighbour to the governor applied to, who, without such knowledge of the parties, might refuse it even to a very fit object.

* "There are no stated days for meetings of governors, and as almost all of them are absentees, there are very few meetings in the year."—First Report, Kerry Infirmary.

"It is extremely difficult to obtain a meeting of governors, except at Assizes, as the greater number reside at a distance; two only in the neighbourhood."—First Report, Galway Infirmary.

Yet Kerry has 110 in the commission of the peace, and the gentry of this extensive county, resident and absentees, contributed towards the Infirmary, in 1828, £9 4s. 7d.; in 1829, £0 0s. 0d. The town of Galway has a population of 33,000, and yet there are only two governors in the neighbourhood!!! The entire of the gentry of the county contributed £27 6s. in 1828, and £3 3s. in 1829. No wonder these Infirmaries should flourish, and the sick poor be *efficiently* attended, when funds are so liberally contributed, and so readily obtained!!!

As before observed, donors (life governors) are now unable to vote at any elections "for physicians or surgeons" to infirmaries, unless they have paid their donations "one year at least before any such vacancy shall have occurred." And annual subscribers cannot vote at any election of a surgeon for an Infirmary, unless their subscriptions have been paid "two years at the least before any such vacancy has occurred."

These laws, especially the latter, operate very injuriously against the charities; for many will not subscribe to an institution, when the period is so remote, at which he is eligible to exercise the privilege of governor. And taken in conjunction with the annual subscription being too high, both causes tend to throw the management of these infirmaries into a few hands, those of the wealthier classes, and a few clergymen; circumstances if possible to be avoided for various reasons. First, because there is not a sufficient number of men of business to attend committees with frequency and regularity; secondly, because when the governors are few, no matter of what class composed, there is greater room for, and greater probability of corruption, or favouritism, which is as bad in its effects; and thirdly, because in the present state of society, or indeed in any state of society, it is most desirable, that the feelings of the middle classes should be enlisted in favour of these, or indeed of any charities; which at present is not the case, and perhaps cannot be the case with regard to the infirmaries, as their management is altogether in the hands of persons, no matter how respectable, charitable, and wealthy, to which this middle class is greatly opposed, and by whom the patronage is *considered* to be exercised in favour of the medical men of a particular creed.*

But independent of the injurious tendency of this annual subscription clause, it is quite plain, that these provisions are not likely *much longer* to answer the purpose intended by the legislature, which is, to prevent new governors from *swamping* those who have long contributed to support these charities, whenever elections for medical officers occur. To

* It was lately given in evidence, before the Medical Education Committee of the House of Commons, that no Catholic holds the situation of physician or surgeon to a county Infirmary in Ireland, though several have been candidates, who were equally eligible as others.

understand this clearly, it is only necessary to refer to the words of the different acts.

The 5 & 6 Geo. 3, after making provision for the payment of £100 a year from the treasury towards each infirmary, has these words; "*which sum of £100 shall be applied either to physician or surgeon, or other use of the Infirmary or Hospital, as the said governors shall think fit.*" The 7 & 8 of the same reign recognizes the right of physicians, *as such*, to be appointed to county infirmaries; "be it enacted, that no person shall be appointed *physician* to any county infirmary, who shall not be examined, and certified to be duly qualified under the seal of the King and Queen's College of Physicians in Ireland." These clauses of the above acts are still in force, for there is no reference whatever to their repeal in any subsequent one. But the 54 Geo. 3, enables grand juries to present an additional £100 a year to be paid *the surgeon* of the county Infirmary, he performing the requisites therein specified. Through the whole of this act, there is not a word about a *physician*, or any allusion whatever to that part of the act of the 5 & 6 Geo. 3, above quoted, allowing the governors to apply the treasury £100 a year to "either physician or surgeon." In the preamble of the act, (54 Geo. 3,) it is stated, I admit, in reference to this clause, "that the *surgeons* to be chosen or appointed for the respective county infirmaries, should be paid by the year a sum not exceeding £100," but it adds, "in manner as in the said recited act is mentioned," which clearly alludes to the payment of such sum, "either to physician or surgeon, as the governors shall think proper." And the 3 & 4 Wil. 4, has these words, still reserving the right of appointing physicians, and of paying them also: "Be it enacted, that all sums of money directed to be paid by the vice-treasurer of Ireland, under the said recited acts, (5 & 54 Geo. 3,) shall be applied either to the payment of a surgeon and a physician, or of a surgeon or physician, except as excepted by said act."

From a consideration of these acts, one fact is clear and indisputable, that the governors of an infirmary are at liberty to appoint a physician, and to pay him the entire sum received from the treasury; or, in conjunction with a surgeon, and then to divide that £100 a year between both, in such proportions as the governors think proper. But though it may be supposed, that in the clauses of the 54 Geo. 3, and the Irish grand jury act, (which makes it imperative that the £100

paid by the county, shall be paid to the *surgeon*,) the legislature merely intended that such £100 should be paid to the medical officer, whether surgeon or physician, and that both are only synonymous designations, still, as the same clause is repeated in the grand jury act, and no mention made of its payment in part to a physician, it is but taking these clauses in their plain and literal sense, when one considers that the grand juries have no power to present any sum for a physician's salary, or the governors to pay him from any funds, except the treasury grant; and no doubt, this is the construction which lawyers and courts of justice would put on it. Now, as the entire of the 54 Geo. 3, relates to surgeons, and makes no mention whatever of physicians to infirmaries, it is evident, that the clause which makes the payment of an annual subscription two years in advance of the election of a surgeon necessary, cannot relate to the appointment of physicians to those institutions; and it, therefore, follows, that all who tender the treasurer of any county infirmary, the sum of three guineas at any time previous to such election, is legally entitled to vote, notwithstanding this clause. The 3 & 4 of Wil. 4, it is true, prohibits donors (like governors) from voting for either physician or surgeon, but neither it, nor any other act, amends or explains the fourth clause of the 54 Geo. 3, which then must, and would, be taken as applying to surgeons only. Supposing, therefore, that the surgeoncy of the Armagh Infirmary (for instance) became vacant, and that Doctor Colvan (who is a Dublin medical graduate, but whose surgical degree is British) happens to be a candidate; this gentleman is not only in extensive practice, but is physician to one of the best managed Fever Hospitals in Ireland, for its extent. The governors have it in their power legally, and without the slightest cavil, to appoint him the sole medical officer to that Infirmary, as there is no law which makes it imperative on them to nominate a physician and a surgeon. And they can not only do so, but at the election, if avowedly held for a physician, as many can vote as pay their annual subscriptions at such a reasonable time before the election, as leaves it in the power of the treasurer to receive them without inconvenience; suppose any day previous to the day of election. And this, such new subscribers can do, even though the election be held for a physician and a surgeon; they can vote for the former, but not for the latter, whose fate must be decided by those who have paid two years, and one year in advance. If only a physi-

cian be appointed, they can give him the treasury £100 a year, but if a surgeon be added, then the latter can be paid the same sum from the county.

But a still more curious circumstance may occur, which has also been hitherto overlooked. Either the old governors, or these, along with any, who, from the circumstances alluded to, are entitled to vote after the immediate payment of an annual subscription, can elect as their *sole* medical officer, for any infirmary, one who is merely a physician of the Dublin college, even though such person has no surgical degree, and from his professional education being almost exclusively medical, is utterly incapable of discharging the surgical duties of an Infirmary, as is the case with several of the most respectable graduates of the King and Queen's College of Physicians. And still more, if such physician be much respected, and have influential friends in the county, he would be supported by the grand jury, and the Hospital funds freely presented. Nay, by availing himself of the professional services of any respectable surgeon of the neighbourhood, (no matter of what college,) when cases requiring much surgical tact and knowledge were admitted, such physician could make his Infirmary, at least as useful as any surgeon. It may be supposed, that such appointments are not likely to be made, as the governors and the gentry generally will not sanction such an evasion of the spirit of the law, as it may be called, but I am very confident, that if these laws be not shortly amended, and placed on a more rational and a more liberal basis, wherever vacancies occur, advantage will be taken of these clauses, and contests will take place, in which new voters will endeavour to take a share, and probably often with success. The state of society in Ireland is particularly favourable to such attempts at present, and, it is to be feared, will long continue so; party and religious strife often superseding all other considerations. I have reason to know also, that the British graduates in this country, both medical and surgical, feel extremely sore, in consequence of the distinction made between themselves and their *confreres* of the Dublin colleges, and that they only await the earliest opportunity to shew how sensitively alive they are on the subject, not so much as to their being excluded from infirmaries altogether, as that no steps have been taken to make such fair and legal provision, as, whilst it still insured competent physicians and surgeons for our infirmaries, would

make any well educated man of either class eligible to be appointed.

The second class of the defects of infirmaries, are those arising from the acts and regulations of the governors.

8th and 9th defects.—The non-appointment of a second medical officer, or of a resident house surgeon to any of our county infirmaries, is certainly a very curious feature in the history of these institutions, and is highly injurious. Were each Infirmary surgeon, as now appointed, compelled to reside in the Infirmary, (as a few now do,) and restricted from practice, (as none are,) the injury to the sick poor would be much lessened; but still the custom of so limiting the number of medical officers would be a bad one, as it would leave no opportunity for consultations, would take away the advantages of a certain and fair degree of competition, when two or more are employed, and deprive the medical profession and the public, of the advantages gained by the increased information of any additional physicians or surgeons. But when no *competent* medical officer permanently resides in these hospitals, and when the surgeon is allowed to attend to as much private practice as he can obtain, (and he generally has a considerable share,) whether he reside in or out of the Infirmary, the injury becomes such, that it appears astonishing that the governors of these institutions, or the legislature, have not taken any steps to remedy so palpable an evil.

As all our county infirmaries are intended for surgical as well as for medical cases, and as the accommodation of many is so limited, either for want of room or of funds, it is evident, that of the first class of patients, bad casualties ought to form a considerable proportion. If, for instance, an Infirmary can only accommodate twenty surgical patients at a time, and the district, from which bad cases can be, or are usually admitted, is such, that by proper arrangements, and a judicious selection, eight, ten, or twelve casualties, or other serious surgical patients, (likely to require a considerable portion of the surgeon's attention, or to have capital operations performed on them,) may be constantly in the hospital, is it not perfectly clear, that such cases ought to have a preference to any of a minor or less pressing kind? Let us suppose an hospital managed on these principles, in which both governors and surgeons co-operate to render it as efficient as possible; such an institution must be liable to have these bad casualties sent to it, (and if sent, they must, or at least ought

to be admitted,) at all hours, by day and by night. All surgeons know, that the preservation of the lives of many of these cases, or the chances of a quick or favourable recovery, often depends on the prompt attendance of the medical officer when such patients are taken in. A bad compound fracture, for instance, which has occurred at so remote a period, and is in such a state, that instant amputation becomes essentially necessary to give a chance of saving the patient's life, or any lesion in which much loss of blood has taken place, and the hemorrhage can only be *safely* arrested by tying the bleeding vessel—an operation at times of very considerable difficulty—are cases which may, and do often occur in all surgical hospitals. Now, let us examine the machinery which the governors have provided to meet such emergencies. In every county Infirmary in Ireland, Limerick and Louth excepted, we find, by the first and second reports of the Board of Health, that there was in 1828, and 1829, only one medical officer or surgeon. In Limerick, there are two surgeons and one physician, and in Louth a surgeon and a physician, the former receiving the full salary, the latter acting gratuitously. It is an admitted fact, that the surgeons of all these institutions, with scarcely an exception, are in respectable and full practice, which must almost of necessity be the case, from the advantages their hospitals afford them, and from their intimacy and connexion with the gentry in their respective neighbourhoods. They are, beside, most of them accoucheurs, for I find the names of twenty-one of these gentlemen marked as such in the Dublin register of Ireland, and I believe, there is scarcely one of the whole that is not, or that has not been, a midwifery practitioner. Let us suppose, then, that after having visited the Hospital in the morning, the surgeon is called off to a private patient, ten, twelve, or fifteen miles, (as I have often known to be the case,) and that any of these casualties which require the prompt attendance of a competent medical officer is sent to the Infirmary, is it right that there should be no provision for such attendance, and that no assistance can be given until the surgeon's return? or suppose the latter to be in attendance on a respectable midwifery patient, to whom he is perhaps long engaged, who has protracted labour, and who, he knows, will pay him well, and that he is necessarily detained one, two, or three days, (circumstances I have known occur to Infirmary surgeons,) how is his Hospital business to be done in his absence, especially,

if such emergencies as these now alluded to occur? And why they should not occur then, as well as at other times, it would, I suppose, be difficult to shew, unless, perhaps, it can be proved, that the Irish take care to meet with serious accidents only at such hours as they know the surgeon usually visits his Hospital; a very accommodating disposition, certainly, and only to be equalled by what I have heard of the sick poor in certain Dispensary districts, who, it is considered, cannot be, or at least ought not to be, seriously ill, except on the days and hours when the Doctor, who often resides many miles distant, pays his accustomed visits.

The reader will better understand how defective all these infirmaries are in this respect, from the following official return, extracted from the first report of the Board of Health. In the thirty-one infirmaries, *there is only one resident house surgeon*. In eight, the surgeon resides in the Hospital; in eighteen, he is non-resident; in five, it is not stated, whether he resides in or out of Hospital; in eight, the surgeon is also the apothecary; these eight are Queen's County, Longford, Cavan, Donegal, Down, Londonderry, Monaghan, and Clare.* In five, the apothecary resides in Hospital; in fourteen, he is non-resident, in three it is not stated where he resides.

Now, whether the surgeon reside in the Hospital or out of it, is a matter quite immaterial to the question under consideration; when on private business, he cannot be present at the Infirmary to amputate a limb, or tie a bleeding artery. I shall, hereafter, shew, that his residence in the Hospital is, in any case, an evil of no small magnitude, and it is well, that the practice is not more general: when absent then, the only person whom the governors have appointed to act as his deputy, or to discharge any of the Hospital duties, is the apothecary. Is he in general competent to the discharge of such duties, is a question of much importance in this inquiry? No one perhaps knows the qualifications of the Irish apothecaries better than I do. They are excellent compounders of medicine, pretty good chemists, and possess, many of them, considerable knowledge of the practice of medicine. But, in general, they are much less acquainted

* The gentleman who hold these two situations, and who was also the *Providore* (!!!) has since died, and two medical officers have been appointed in his place.

with practical anatomy and surgery, than with any other department of the profession ; as hitherto these formed no part of their prescribed studies. They are, therefore, in general, inadequate to the duties of house surgeons, and certainly, very few of them would be capable of treating, or of operating in, any difficult case. But it may be said, "the apothecaries of these hospitals have had much experience, and are, therefore, superior to others of the same class, and capable on emergencies of discharging those functions, difficult though they be, which devolve on them in the surgeon's absence." I know they do possess much practical knowledge, and are very capable of being useful, *to a certain extent*, in assisting the superior officer, or in doing the ordinary business of the Hospital. But admitting that they do acquire some, or even much, practical tact in dressing wounds, setting fractures, &c. and in prescribing the medical treatment, I ask, had they this knowledge when first appointed? and is not the surgeon as likely to be absent when bad cases are admitted during the first, as during the third year, after an apothecary had become attached to an Infirmary? But is this an argument to be used by those who, by precept and example, insist on the doctrine, that even a regular surgical graduate of Edinburgh, London, or Glasgow, is not competent, and should not be allowed, to take charge of a county Infirmary? *He* has, at least, shewn, that he has dissected, attended hospitals, and had *some* surgical education, and yet he is considered incompetent ; and the Edinburgh physicians, those who study and graduate in the best school of physic, perhaps in the universe, are also unfit to prescribe even for medical cases in these institutions, yet the comparatively uneducated apothecary is allowed to do so, whenever the surgeon cannot conveniently attend.

But I have shewn, that in a great many hospitals, the apothecary is non-resident ; he has a shop in the town ; has his own private business to look after, and when, in the surgeon's absence, an unfortunate patient comes in with a bad compound fracture, or an aneurism bursts, or hemorrhage suddenly takes place from a stump after amputation, he also, perhaps, is as difficult to be found as his superior, to afford assistance even in these cases in which he is fully competent.

Again, can any thing be more evident, than the injury done to the sick poor, who are patients in and at these hospitals ; to the surrounding sick poor, *who cannot become patients there* ; to the public at large ; and to the medical pro-

fession in Ireland, in consequence of this practice of appointing only one medical officer to each Hospital? Will any one contend, that when the surgeon of an Infirmary has sixty-five, or forty-four, or forty, or even thirty intern patients to attend daily, and is in extensive, or even in moderate private practice, he is at all likely, or able to do justice to the sick poor of the Infirmary district? We see by official returns, that independent of the intern attendance, one surgeon prescribed for 17,400 externs in one year, another for 9,827, a third for 9,151, a fourth for 8,439, and so on. When we find so many externs apply for medical aid, and know how essentially necessary it is, that the practitioner should be enabled to devote sufficient time to an inquiry into the history and symptoms of the more serious cases, without which, though many may be prescribed for, less benefit must be conferred on the sick, I ask then, will any respectable man, at all acquainted with the practical details of these charities, stake his character by asserting, that it is better the business of infirmaries should be done by only one surgeon? or can any one deny, that the sick poor of the immediate district would be much more efficiently attended by two medical officers, *provided the governors take care—a matter of no great difficulty whatever—that these make such arrangements as must insure, that each surgeon devote a reasonable portion of time to attendance on the extern patients, and visit them, when necessary, within a moderate distance*, a subject I shall better explain when treating of the next defect,—the want of efficient medical attendance on the extern sick poor in the neighbourhood of most of our infirmaries.

That the public at large, who are chiefly the supporters of these charities, suffer considerably from the non-appointment of a second surgeon, is readily explained. Common sense shews, that, *ceteris paribus*, that practitioner, whether a physician or a surgeon, who has charge of an Hospital, must be superior to those who have not that advantage. Hence, one chief cause of the preference given to Infirmary surgeons, by many that employ them in private practice. They have the advantage of taking the worst cases into Hospital, and of daily watching the progress of each, and are sure, that such treatment as they direct is punctually attended to; the reverse of what often occurs in dispensary practice. They have more *post mortem examinations*, and are, on that account, the only class of provincial practitioners in Ireland, who have any opportunities of making pathologi-

cal observations. More cases for capital operations come under their care, and of course, they can operate more frequently, than others. But, from causes to which I have before adverted, these advantages are chiefly confined to themselves, and are rarely, if ever, shared by their neighbouring *confreres*. The latter, however, are employed, even under these disadvantages, but those who do employ them must suffer in the same *ratio* as their medical attendants are deprived of the means of acquiring increased professional knowledge, means so completely within their reach, and of which they would be most anxious to avail themselves, were they allowed, independent of any pecuniary motives. I will suppose, that in Wexford, Kilkenny, or Cashel, or any other town in which there is an Infirmary, there are two medical men, independent of the Hospital surgeons, in tolerable practice, and that each of these attends only one patient daily, whose case he would better understand, or be more expert in the treatment of, had he the advantage of being attached to the Infirmary. Limiting the advantage even to this number, here are 21,900* human beings, affected with obscure or dangerous illness, whom these two additional medical officers would be much better able to relieve every year, beside the immense benefits they would otherwise be capable of conferring. How many others may be dependent on each of these, how many are sure to be made paupers, or to be thrown on the world by the death or broken health of persons who suffer from the want of this increased knowledge on the part of their medical attendants, it would be impossible to say; but we may be sure, the number would be very great. And those who are advocates for preventing the acquirement of medical knowledge, by means of such institutions, ought at least to be able to point out some important advantages which the sick, or the community at large, derive from the present system, but which could not be had under the more liberal one I allude to.

Were the medical profession the only portion of the community that suffer by these appointments, and could it be satisfactorily shewn, that they are beneficial to all others, though injurious to those who are excluded by so narrowing the number of medical officers, the members of that profession would have no just cause of complaint, on the principle of *salus populi suprema lex*. But as this has not been, and

* Two medical officers at each of thirty Infirmarys, prescribing daily for one patient each, would treat that number,

cannot be shewn, the physicians and surgeons of Ireland *of all colleges* have good reason to complain of a regulation which affects them so much, whilst it injures the sick poor and the public ; I say, the physicians and surgeons of all colleges, because the Dublin graduates are directly injured, having gone to a more expensive professional education than would have been imposed on them, *in order to render themselves eligible for county infirmaries*, and when so eligible, these charities, which could afford both honor and profit to at least sixty more than are now connected with them, are virtually, though not actually, closed against them ; and because I am confident, the whole of these exclusive laws must have been long since amended, had the hospitals been so managed as to render it necessary that two or three medical officers should be connected with each. For, were this the case, the situation of house surgeon (apothecary) would have been one of the first established ; to this, members of the British Collèges would have been appointed in some, perhaps in most instances. It would then be seen that those could do the duties of infirmaries, as surgeons ; and, as the number of Dublin graduates were rather limited until within ten or fifteen years, there would not have been a sufficiency of the latter. Then, as the salaries would not have been so high, the inducement to look for these situations through a more expensive course of education would not be so great, so that the College of Surgeons should either have modified its charter and by-laws, so as to admit to an examination all who had been sufficiently educated, or the legislature would have compelled them to do so. But on this part of the subject I shall have occasion to make some observations in another chapter.

Tenth defect.—The want of any provision for providing the sick poor of the districts contiguous to infirmaries with *efficient* medical aid is one of the greatest defects connected with the management of these charities ; but, as before stated, it arises chiefly out of the non-appointment of a second medical officer. I know this is a part of the subject on which some will feel rather sore, and I may subject myself to censure by entering on it ; but I consider it an evil which most requires to be remedied.

From what I have before stated, it is evident that the *sick poor* of this country are justly entitled to gratuitous medical aid, and that the affording them such aid would be productive of great advantages to the middle and higher

classes. The acts of the legislature have, it is true, enabled the gentry to supply the poor with advice and medicines, through the means of fever hospitals and dispensaries, *when-ever the former choose to subscribe a fund* which would entitle them to a corresponding presentment. It is not compulsory on the gentry to do so ; it is only optional. But, as might be expected in such a country, there are still, it is to be regretted, many populous and extensive districts in which the sick poor have no access to any medical charity, no such institution being established sufficiently near them. Here the law only is defective ; but in the case of infirmaries, now under consideration, if such defects can be shown, they must not be charged to the laws, but to the want of adequate regulations on the part of the governors, who have the means of providing *efficiently* for the sick poor of their *immediate* districts. It becomes my duty to show that they have not so provided ; it is a painful, but having undertaken the subject, an imperative duty ; but I hope the respectable and humane gentlemen, of whom the governors of our infirmaries are chiefly composed, will not for a moment suppose, that I impute to them any *intentional* neglect of duty, but merely a want of system which partly arises from the exclusive laws regarding them, and partly from a variety of other circumstances.

How are the *sick poor* of any district to be *efficiently* attended ? is a question which, perhaps, it were better answer, before I proceed further. On this point I believe there can be no second opinion. Those who have any serious surgical and medical diseases, which cannot be well treated in their own residences, and which are admissible into an infirmary, ought to be taken into it, but none who can be done justice to at home should be made interns, provided they can afford to supply themselves with food,* &c. The second class that require attention are fever patients ; these, if there be a fever hospital convenient, ought to be always admitted when willing to go there ; but when no such hospital happens to be contiguous, provision should be made for regular attendance on them in their own residences. Thirdly, that very numerous class of patients who are so ill as to be

* It might, under certain circumstances, become much more advisable, and it would be better economy, to supply the patient with proper sustenance, and to attend him at his own home than to put him into hospital.

unable to leave their houses, and who, either cannot get admission into the infirmary, from want of room or of funds, or, who are unwilling to become interns, from a wish to remain with their relatives and friends—a feeling to be always respected, though it may not be always the most judicious—or whose cases are inadmissible, as many are, next deserves attention ; and fourthly, those paupers who require medical or surgical aid, but are able to attend at the infirmary as externs. These different classes of patients require the attention of the governors of our infirmaries in the order in which they are stated. Let us now examine how far the regulations of these gentlemen provide for each class. From what has been already observed it is evident, that the first and fourth only are provided for, and that the infirmary regulations are either totally, or at least nearly, ineffective; in regard to the second and third. Yet I venture to assert, without the slightest fear of the position being controverted by any one practically acquainted with medical charities, that no plan, no arrangement, which does not make provision for regular attendance on the second and third classes, can possibly afford the sick poor of any infirmary district with efficient medical aid. And as these two classes are often numerous, and the cases generally serious, it follows that our infirmary regulations are in this respect greatly defective. This requires proof, and I request the reader's attention to the following facts in support of it.

On reference to the fourth and fifth queries put by the Board of Health to the officers of county infirmaries, it will be seen that the object was to ascertain what attendance is given by the physicians or surgeons of these institutions to extern patients, and in what manner this attendance is given. These queries are not, perhaps, sufficiently specific, but the information sought through them cannot be misunderstood. The replies given in answer to these queries, and the returns which I have obtained respecting the *localities* of dispensaries in different counties, and other documents, enable me to state, that only in the following places is any adequate provision made for the second and third classes above alluded to: viz. in the cities and towns of Kilkenny, Galway, Limerick, Londonderry, Sligo, and Carlow ; and in Carrick-on-Shannon, Armagh, Downpatrick, Lisburn, Wexford, Ennis, Cavan, Navan, Mallow, and Tralee, for the second class only ; whilst in these nine last mentioned infirmary towns, as well as in Enniskillen, Monaghan, Lifford, Omagh, Tullamore, Dun-

dalk, Longford, Kildare, Mullingar, Roscommon, Wicklow, Maryborough, Cashel, and Castlebar, there is no provision for attendance on the third class. That is, in fifteen there is a fever hospital, and a dispensary in seven only. By a dispensary I mean an institution supported by private donations and subscriptions, and by county presentments. Such an institution in all the above five places is entirely unconnected with the infirmary, in point of governors and funds, and must, wherever there is one, necessarily be so, as it is supported under a different law. And such dispensaries are invariably attended by medical officers who prescribe for those who are able to come to them on certain days each week, and whose duty it is to visit such as are unable to leave their residences. This statement I think it necessary to give, because the Board of Health, probably from want of sufficient acquaintance with the details of infirmary and dispensary duties, as distinct institutions, have not put their queries sufficiently specific to elicit the precise information required, and also because, in the general remarks made by the Board, there are passages which might mislead many, from the high character of its members, and especially from the well known abilities, integrity, and industry of its Secretary.

In the first Report (page 48) the Board of Health states, "From the replies given to query fourth it will appear that most infirmaries afford aid to the poor as dispensaries." And, in Report second, "Some infirmaries give aid to the poor at dispensaries." These remarks of the Board must be received with this very important qualification, viz. the medical officers of infirmaries, in general, only prescribe for such externs as are brought to them, *but do not visit those who cannot leave their residences*; whilst those in charge of dispensaries attend both classes. I am aware, that, though it is not a part of the duty of the infirmary surgeons or physicians to visit this third class of patients, some of them do so very efficiently, and I would mention Dr. Jacob of Maryborough, as an instance, who I know to be most attentive to those within a moderate distance of the town. But the practice is so far from being general, that I am informed by some of the governors of infirmaries, that the want of regulations to compel the surgeons to visit those who are unable to come to them as externs is a great evil. A gentleman of great respectability, who supplied me with very valuable information, which convinces me that he sees the defects of these institutions very clearly, and wishes to remedy them, observes, in answer to a query

on this head, "The surgeon does not attend any but such externs as go to him, and a regulation to enforce attendance on those who are unable to do so is greatly required. But there is jobbing here as well as in other parts of Ireland." Another, a man of rank and considerable talents, writes, "It is a part of the duty of the surgeon by the regulations to attend the sick *in the town*; but they are seldom attended to. There is no dispensary or fever hospital, or any means for extern patients being attended to for many miles around the town of (*) . Some regulation is much wanted to compel counties to have fever hospitals in county towns, and also to have a proper attendance for the inhabitants for, at least, four miles around the town. I do not say that the surgeon at present does not attend when called on in the town, *but from some cause or other, very few applications are made to him.*" All the answers I obtained were similar to these; but it is right to observe, that information on this head was not usually given me.

I now proceed to give such answers as I find to these queries in the Reports of the Board of Health:

County Dublin Infirmary.—"No patients are visited at their dwellings by the medical attendants of this Hospital; but as numerous extern patients resort to this Hospital daily, and there receive advice, medicine, and surgical treatment, a Dispensary may be considered as attached to the Hospital." Here we see the Board make attendance on externs at the hospital and dispensary practice synonymous, though they are very widely different.

Carlow Infirmary.—"No Dispensary is attached to the Hospital, but the surgeon gives attendance at his own house every day, from nine to ten o'clock. The medicines are ordered from the Dispensary, which is wholly unconnected with the Infirmary."

Kildare Infirmary.—"Externs are attended to daily *at the Hospital*. The daily average number of such patients is *six or seven*; no other Dispensary is attached to the Hospital."

King's County Infirmary.—"The surgeon attends at the Hospital on Tuesdays, Thursdays, and Saturdays, from ten

* On this, as on many other occasions, I omit the names of places, and of individuals, as my object is, to point out the defects of a whole system, not the negligence of individuals; but I shall be at any time prepared to give my authorities, should any parliamentary or other inquiry demand them.

o'clock, until all patients whose tickets [recommendations] are presented before twelve o'clock are prescribed for."

Longford County Infirmary.—"Attendance and medicine are given to externs from ten to three o'clock; [the number of days not stated ;] the daily average number of such patients varies from 100 to 120."

Louth Infirmary.—"The surgeon attends extern patients *at the Hospital* on Thursdays and Fridays. Formerly, extern patients were attended every day, *but it was found necessary to limit the attendance to two days in the week,*" for economy.

Meath County Infirmary.—"No extern patients are visited at their dwellings; but all externs recommended by a governor are attended to, if they present themselves on Sundays from two to four o'clock, and on Wednesdays from one to three o'clock *at the Hospital.*"

Queen's County Infirmary.—"The surgeon attends on Mondays, Thursdays, and Saturdays, to prescribe for extern patients."

Westmeath Infirmary.—"Extern patients are attended *at the Hospital*, by the surgeon every day in the week."

Wexford Infirmary.—"Extern patients are attended to *at the Hospital* on Thursdays, and Fridays, and receive advice and medicine."

Wicklow County Infirmary, (Wicklow branch).—"Extern patients are attended on Tuesdays, Thursdays, and Fridays, *at the Hospital*, and provided with medicines from the general fund."

Armagh County Infirmary.—"The surgeon attends extern patients *at the Hospital*, on Tuesdays and Saturdays, between the hours of eleven and twelve."

Antrim County Infirmary.—"Extern patients are attended to, and supplied with medicine *at the Hospital*, on Tuesdays and Saturdays."

Cavan County Infirmary.—"Extern patients receive advice and medicine, on Tuesdays and Saturdays; the number on such days is from sixty to 120." In Report second, it is observed, that extern patients receive advice and medicine on two days in the week, and are visited by the surgeon for which *he receives a salary.* "It is stated, that *the law does not permit a Dispensary in the county town*, but the extern patients of the Infirmary receive the same benefit as they could derive from a Dispensary."*

* From the expression, "*it is stated,*" we may consider the first part of

Donegal County Infirmary.—“Advice and medicine are given to externs on each day in the week, except Sundays and Tuesdays.”

Down County Infirmary.—“The surgeon attends on every day from ten to eleven o’clock, except Fridays and Saturdays, to extern patients recommended by governors.”

Fermanagh County Infirmary.—“Extern patients are attended to on Tuesdays and Fridays, by the surgeon and his assistant, who dispense medicine to them.”

Londonderry County Infirmary.—“No attendance is given to extern patients, nor is a Dispensary attached to the Hospital.”

Monaghan County Infirmary.—“The surgeon attends to externs recommended by a governor, every Monday and Friday, and supplies them with advice and medicine.”

Tyrone County Infirmary.—“All poor persons applying on Saturdays between eleven and twelve o’clock, receive advice and medicine; cases of sudden illness are attended to on any other day.”

Clare County Infirmary.—“Attendance is given to extern patients *at the Hospital* in general every day, Sunday excepted.”

this paragraph as the opinion of the governors of the Cavan Infirmary; but they are quite mistaken respecting the law on the subject, there being none to prevent the establishment of a Dispensary in a county town, witness Carrick-on-Shannon, Sligo, and Carlow, in each of which there is a Dispensary, though they are neither counties of cities or of towns; we find the same in Limerick, Cork, Derry, Kilkenny, and Galway. It is not the custom, it is true, to have such institutions in county towns, because the public support others which ought to supersede any necessity for them, but unfortunately they do not. As the Board of Health have not shewn in either Report, that such is not the law, I feel it necessary to make this statement; with regard to the second part of this paragraph, it appears, as above alluded to, from the second Report, that the Infirmary surgeon does visit patients at their own residences, but this is the only instance in Ireland of such a practice. We are not however informed, whether the surgeon’s visits extend beyond the town; to be effective, and to do the *sick poor* justice, they ought to extend two miles at least around it.

In justice to the governors of the Cavan Infirmary, I should state, that “when urgent cases occur, and there are not vacancies in the Hospital, lodgings are taken by the Board, and the surgeon daily attends such patients until vacancies occur, when they are removed to the Hospital,” a regulation which does them great credit. There is no account of any such regulation at the other infirmaries, but it is stated, that at Castlebar, “when applicants cannot procure admission to the Hospital, they are visited at their dwellings;” but whether these are the patients residing in the town, or include those some distance outside it, we are not informed.

Cork County (Mallow) Infirmary.—“Attendance to externs is given daily. The apothecary provides medicine, and attends patients under the direction of the surgeon.”

King’s County Infirmary.—“Extern patients receive advice and medicine each day *at the Hospital*; from eighteen to twenty are relieved each day.”

Limerick County Infirmary.—“Extern patients are attended to daily, and supplied with plasters and dressing only.”

Tipperary County Infirmary.—“The apothecary, and in urgent cases, when recommended by a governor, the surgeon visits externs who live in or near Cashel.” In Report second, the words “*residing in Cashel*” are used.

Galway County Infirmary.—“Extern patients are attended to daily *at the Hospital*, from ten to twelve o’clock. The number is generally from *one to ten each day*.”

Leitrim County Infirmary.—“Previous to July, 1827, the governors afforded relief to externs *at the Hospital* on Tuesdays and Fridays; the number of such patients amounting on an average to seventy-four on each of those days; but finding this expense was greater than the funds could bear, they established a Dispensary in connexion with the Hospital, but supported by its own funds. This subscription is supported by grand jury presentment and subscriptions; the average number of patients daily attending it ninety-one.” What the connexion between the Hospital and Dispensary is, we are not informed; perhaps the surgeon and apothecary of the former attend the latter. But this is only supposition.

Mayo County Infirmary.—“In 1825, the Dispensary was discontinued.” By “Dispensary,” it is probable, attendance on the externs at the Hospital is meant.

Roscommon County Infirmary.—“Externs are attended from ten to three o’clock on Mondays and Thursdays, and receive advice and medicine; the average number on each day was 167; the total during the year 17,412.”

Sligo County Infirmary.—“No particular days are fixed for attendance on extern patients, but there is on the grounds of the corporation a Dispensary, [now supported by private and public funds,] at which the Infirmary surgeon, two physicians, and an apothecary attend.”

Wicklow Infirmary, Baltinglass branch. I have reason to know, that the surgeon of this Infirmary is most executive in his attendance on the sick poor of his district, and does not limit his visits to the interns.

Through the whole of these Reports it will be seen, that there is no account of the surgeon of any Infirmary being charged with the duty of visiting the sick of the town or neighbourhood at their own residences, except at Cavan, and even there, that duty is performed, not as surgeon to the Infirmary, but under a different salary. In most of the Reports made to the Board, we find the words "externs are attended to," or "externs are attended at the Hospital," which plainly shews, that any additional attendance, in the way of visiting them at home, is not contemplated. Indeed, it may be fairly presumed, that this rule is general, for were it otherwise, there can be no doubt, that were such extern visits enforced by the regulations of many, or of any infirmaries, so useful a practice would have been stated in the governors' Reports, and not omitted by the Board of Health.

We have then these facts clearly proved, that in twenty-three of our Infirmary towns, there is yet no provision for attendance on such of the sick poor of these towns and the adjacent districts, as are unable to leave their residences to wait on the Infirmary surgeons at the Hospital; and that in fifteen, those who are ill of fever have neither the advantages of Fever Hospital accommodation, or of any medical attendance, except such as the humanity of the medical practitioners may occasionally give.* And as many very humane medical men are disinclined to attend the poor, when ill of fever, in their wretched, and too often ill-ventilated cabins, we may readily conceive the immense amount of suffering which is caused to both these classes of our sick poor, for want of any regular attendance.

But it may be said, that as some of the sick in these twenty-two towns are taken into the Infirmaries, and a great many attend at them, and are prescribed for as externs, the number which are unable to leave their residences, and which remain unattended cannot be considerable. Such an assertion would not be correct, as the following returns will shew.

The number of patients recommended to the Roscrea Dispensary in one year, was 2004, and of these it was necessary for the surgeon to visit 549. The *recommendations*

* I shall hereafter shew how readily the governors of Infirmaries, with the means they possess, and the laws now in force, could make ample provision to afford Fever Hospital and Dispensary accommodation for all within their respective districts.

to the Carlow Dispensary in a year, were 1,268, and the cases requiring attendance at their own residences were 547. At the Carrick-on-Suir Dispensary, the number recommended in a year was 3,240, and of these 686 were patients which required to be visited. The total recommended to the three Dispensaries was 6,512; the total visited 1,782, about one-fourth of the whole. I beg it to be distinctly understood, that by "*recommendations*," I mean the number of individuals that got orders from subscribers to entitle them to advice and medicines; and that attendance at the residences of the sick was given on 1,782 individuals, the number of visits paid being three or four times as many. Each person, so recommended, may have attended four or five times on an average at the Dispensary, and the average number of visits may have been about four to each patient. The population included in these three Dispensary districts is, perhaps, not less than 45,000.

The number recommended to the Cork Dispensary in one year was 12,797; those that had to be visited amounted to 2,971. In the four principal Dispensaries in Dublin, viz., the General Dispensary, the Meath-street, the South East, and the St. George's, the number recommended in a year was 42,219, of whom 8,843 were visited at their own residences some once, or twice, others forty or fifty times. I am quite certain, that these returns are accurate, and that the number I have stated to be visited, got regular attendance at their own houses, for I am not only well acquainted with the medical gentlemen in charge of the four first, and know them to be incapable of imposition, but I have satisfied myself by an examination of registries, and other documents, that their Reports are substantially true. And such is the system on which the Dublin Dispensaries are conducted, and the character of the medical officers, that we have the best guarantees for the full performance of their duties, and that they do visit those marked for extern or home attendance.*

* It may not be amiss to point out the relative proportion of patients requiring to be visited at each of these Dispensaries. At Roscrea the visited are to the recommended as one to $3\frac{1}{2}$; at Carlow as one to $2\frac{1}{2}$; at Carrick as one to $4\frac{1}{2}$; at Cork as one to four; at the South East Dispensary in Dublin, one to $4\frac{1}{2}$; at St. George's Dispensary, one to five; at the Dublin General Dispensary, one to four; at the Meath-street Dispensary, one to $5\frac{1}{2}$. These proportions so nearly agreeing, furnish a tolerable proof of the accuracy of the whole, for I am confident, neither of the officers of the four first mentioned institutions knew what number had been visited by either of the others.

As Roscrea, Carlow, and Carrick, and the districts immediately surrounding them, cannot be very differently circumstanced, in regard to the condition of the inhabitants, and their liability to disease, from those of the different places in which there are Infirmaries, it is but fair to assume, that in each of these twenty-two towns, the number of sick poor who would require to be visited every year, cannot be less than 500; making a total of no less than 110,000. Am I not then fully justified in asserting it to be a great defect, that in towns in which Infirmaries have been established, there is no adequate provision for attendance on this class of our sick paupers?

It may perhaps be supposed, that at Roscrea, &c. the Dispensary medical attendants, either from choice or necessity, visit many persons who might come to the Dispensary, or who would attend as externs at an Infirmary; but so far from this being the case, I am confident they take good care, by proper inquiry, to ascertain what cases require to be visited. Beside, all these gentlemen are in considerable practice, and would not throw away time in making useless visits.

Some may consider me to be unnecessarily minute on this part of the subject, but when it is known, as I hope to shew in another chapter, that no Hospital attendance on interns and externs, no matter how well conducted, or how talented or industrious the medical officers may be, can be at all perfect, or can do any thing like justice to the *really* sick poor, unless it includes a well arranged system of visiting them at their own houses; without such system I assert, that numerous cases, which most require medical aid, *can never receive it*. Beside, the present Infirmary system is more expensive, in proportion to the aid afforded, than that which includes the kind of attendance I allude to; a subject deserving the consideration of the public.

Eleventh defect.—The observations made, when the subject of the annual subscriptions was considered, shew, that from certain causes, the governors of most infirmaries have not made those exertions, which could be wished or expected, to obtain an increase of funds. In addition to what has been already observed on these points, I shall now add a few additional facts.

On referring to the first Report of the Board of Health, I find, that in twenty counties there was no donation to constitute a life governor in 1828, and in sixteen the annual subscriptions were under £20, whilst the average of both for

thirty counties was only £65 15s. in each. Now, the county magistracy of Ireland (not including those for cities) amount to 2,929, and if we deduct one-fourth as persons from whom subscriptions could not be expected, and only admit, that amongst the remainder of the community, only an equal number could be had to pay £3 3s. annually, there would be 4,382 subscribers, contributing £13,803 yearly, or about an average of £431 from the gentry, merchants, &c. of each county. Some may suppose, that no such sum could be raised by subscription for Infirmaries in Ireland, but they greatly mistake, for the majority of our people of wealth are ever ready to contribute, *if the institutions are known to be useful to those in their respective neighbourhoods, and if they are applied to for them.* Now, as the governors of twelve infirmaries* admit, either directly or indirectly, in this Report, that their funds are insufficient, is it not evident, that they cannot have used even moderate exertion in collecting funds? And hence the natural presumption, that there must be some very serious defect in the laws which relate to the appointment of governors? were not this the case, surely the resources so clearly available could not be so much overlooked.

Twelfth and thirteenth defects.—An insufficiency of funds, and of beds, are in *our* provincial hospitals synonymous terms; when the former fail, or when any unusual expenditure occurs as for repairs, unless the Hospital has property, which is not the case with many, to meet such increased expenditure, the number of beds is reduced to square it with the income. Under similar circumstances in England, the governors generally make unusual exertions to induce the gentry either to become donors or subscribers, and to increase their contributions, in which they seldom fail of success.

So much has been already observed with regard to the insufficiency of funds in our county hospitals, that I shall only point out some circumstances to shew, how inadequate the number of beds which are usually occupied in the greater part of them must be, to meet the wants of the sick poor.

In answer to the tenth query of the Board of Health, we

* King's County, Louth, Meath, Queen's County, Wexford, Antrim, Cavan, Donegal, Tipperary, Leitrim, Mayo, Sligo. But independent of these, I shall just now shew, that the funds of other Infirmaries, *reported to be generally sufficient, are not so, but greatly the reverse.*

find the governors of the twelve Infirmaries above mentioned, acknowledge, that the funds were inadequate to meet the annual demands; and as most of the others report, that the funds of theirs generally equal, or exceed the expenditure, it might from this be supposed, that in these, as many beds are usually occupied as there are fit cases offering for admission. But as this supposition would be a most erroneous one, and as the Board of Health has contented itself with simply giving the Reports of the governors, without following them up with those comments which their judgment would have suggested, I feel it necessary to supply this deficiency.

There are various ways to prove, that the number of beds which our Infirmaries usually contain is much too few. The admission of the governors themselves before quoted, is one, which no person will question. Another is this; when, in a county of moderate population like Kilkenny, for instance, we find that an Hospital has forty beds constantly full, and know that the three-fourths of these intern patients are supplied by about one-fourth of that population, and when we see that the Infirmaries of other counties, equally or more populous, contain a much smaller number of beds, it may be safely inferred, that in the latter counties there must be considerable want of Hospital accommodation; of this Mayo, Tipperary, Kerry, Cork, Tyrone, Down, Meath, and others, are good instances. And though the Reports of the Board of Health represented these and other infirmaries as having a sufficiency of funds, and by inference, as admitting all the proper cases that offer, we may be certain, that this cannot be the case, and that the small number of beds they contain could not accommodate them. In proof of this opinion, and to shew the great defect of these institutions in point of beds, I shall here make use of information which I have myself obtained from the medical officers and governors of these and other Infirmaries, in answer to queries on this subject, from which it will be manifest, that when the latter report the funds to be equal, or to exceed the annual expenditure, they do not mean, that they accommodated all the fit cases that offered, but merely that they only admitted as many as the funds could afford.

In the first Report it is stated of the Carlow Hospital, that "the receipts of this Hospital generally equal, or somewhat exceed the expenditure; the present year is an exception to this observation." Now this Infirmary only contains

eighteen beds, and from its construction could not contain more than twenty or twenty-two. The usual number of patients it admits annually, is from 100 to 120; and I am informed by its very talented surgeon, Dr. Rawson, that *about 160 are refused admission every year.*

The Kildare Infirmary has thirty-two beds generally occupied, and the Report only states, that "the county presentment is made at each assizes in proportion to the *estimated amount of expenditure for the ensuing half year.*" Several applications which I made to the treasurer and surgeon of this Infirmary having remained unanswered, I can give no official information respecting it; but Mr. More O'Ferral, member for Kildare, informed me, that so difficult did he find it to get patients into this Infirmary, he became a subscriber to the New Meath (County Dublin) Hospital, to which he usually sends any serious cases residing in his neighbourhood. Now, for the two years included in the Reports of the Board, the total of donations amounted only to £15 15s. and of subscriptions, to £2 2s. from the gentry of this very wealthy county. It cannot but be supposed, that if there were more funds more patients could be admitted; for the nine wards, which contain only thirty-two beds, are fully capable of holding forty without crowding. Beside, the rooms occupied by the surgeon, who resides in the Hospital, could accommodate, at least, ten more. So that if Mr. O'Ferral, or any other gentleman in the county, be obliged to send patients to a distant hospital, it arises from the governors and gentry not rendering that which they themselves possess available according to its capabilities.

The County Meath Hospital is reported, in 1828, to contain twenty-two, and in 1829, twenty-seven beds; and it is stated, that "it is apprehended the Hospital cannot be long supported, as the necessities of the county are great, and *the absentee proprietors of land do not contribute sufficiently to the support of charitable institutions.*" This Hospital is capable of containing, at least, sixty beds, yet in the printed annual Reports for 1833 and 1834, which now lie before me, it is observed, that, "from the low state of the funds of this charity, the governors and governesses have been reluctantly compelled to limit the number of intern patients to twenty-two." But on looking over the Board of Health Reports, I find the amount of donations and subscriptions in 1828, to be only £82 13s. and in 1829, only £22 1s. In

1834 there was only one annual subscriber in this, one of the most wealthy counties in Ireland !!!

Dr. Byron, Surgeon to the County Meath Hospital, informs me, that "it is not easy to say how many patients are annually refused admission, because many apply who have only trifling complaints; but of those *who are fit objects for hospital* I would say, that about fifty may be refused, and of that number about one-half are subsequently taken in as vacancies occur."

In a communication with which I have been favoured by Dr. Ferguson, Surgeon to the County Westmeath Infirmary, he observes, "about 150 were refused admission for want of room in 1834." And as this was in answer to a query, "how many cases *fit* for admission into hospital were refused?" of course he must have alluded to serious cases only. Yet the first Report of the Board of Health states, that the annual income (of the Westmeath Infirmary) is generally sufficient to meet the expenditure; when insufficient, the balance is drawn from the vested capital." Here we find that a number equal to half those admitted was refused in one year, though the donations and subscriptions were a mere trifle, and the Hospital is fully capable of holding eight beds more than the number made in the return to the Board of Health.*

Of the Downpatrick Infirmary it is stated, (first Report,) that "the funds fluctuate, but in general, are sufficient." There are in it twenty-four beds, but I find that during one entire year only 88, and in the next, only 131 were under treatment, and no more than six were in the Hospital at the period of making the return. On four other occasions 27, 28, 18, and 20, were the number in the institution. It would be preposterous for any one to assert, that the population of this county (352,571) would not send more than 88 or 131 fit cases to an Infirmary in one year, and equally so that one of the most wealthy and commercial counties in Ireland, could not, and, were the Infirmary commodious enough, and managed on different principles, that it would not, contribute funds to support three times the latter number.

The hospital wards now used for patients, are fully capable of containing thirty-one beds, though the second Re-

* I find by the annual Reports, that on one occasion (January, 1831) there were only sixteen patients in this Hospital; the usual number, however, is twenty-seven or twenty-eight.

port states, that "there is accommodation for only twenty-three." But independent of these wards, the surgeon occupies a wing of the building, "consisting of four rooms, two closets, and a kitchen." How many additional beds these are capable of containing I am unable to state, as their dimensions are not given, but it is not likely their number would be less than thirty, omitting the closets.

Of the County Cork (Mallow) Infirmary, it is stated, (first Report,) that, "the funds have usually been sufficient to meet the expenditure;" yet Dr. Galway, the medical officer, informs me, that the fit cases to whom the admission is refused every year, is "about one-half the number admitted." The wards usually occupied are capable of holding thirty-six beds; yet in this Yorkshire of Ireland, a year or more after an addition had been built to hold ten beds, there were still only twenty in use.

Limerick Infirmary.—"The income has been in general sufficient for the expenditure."—Report first. Dr. Wilkinson, one of the surgeons, informs me, that "the house supports sixty-one beds but would contain eighty, but the funds would not support more than sixty-one, and *the applications for admission are so numerous, that patients, on appearing for admission, are often told to come in six, seven, twelve, and sometimes sixteen weeks.*"

Sligo Infirmary.—"The income has been sufficient, but if the funds were sufficient, many patients now rejected would obtain relief."—First Report. This Hospital is capable of containing forty beds without crowding, and the number of patients in it at three different periods was only twenty-seven, twenty-nine, and twenty-four.

These, I think, are enough to prove, that, when the governors of an Infirmary report, that "their funds are usually sufficient to meet the expenditure," they only mean such expenditure as a limited number of patients costs, but by no means that the funds were such as to enable them to give hospital accommodation to all that really require it. And they also prove, that many patients are refused in our Infirmaries from want of funds, which prevents the governors from increasing the number of beds, even to the extent of which the Hospitals are capable.

But I have good reason to know, that a great proportion of those serious surgical and medical cases which require hospital aid, and which would undoubtedly be sent there under a different system, never apply for admission. These, I

would say are *indirectly* refused, in this way. A governor, residing ten or fifteen miles from an Infirmary, recommends one of these bad cases; the patient is unable to walk, and a vehicle must be provided to carry him. This, most likely, is borrowed from some humane neighbour, or perhaps, this sick *pauper* is obliged to hire one. He arrives at the Hospital; its beds are all filled, and, as Dr. Wilkinson correctly observes, "he is desired to come again in six, seven, ten, and sometimes sixteen weeks." On his return home, his friends inform the governor of his unsuccessful journey. The latter feels annoyed, but, perhaps, continues to subscribe for some time longer, but finding that cases of this kind, after the exertion of such journeys, are not admitted, he ceases to be a subscriber, or, should he be a life governor, he refuses to give recommendations, fearing those he should send would be refused admission. Those who go to the Infirmary and are so refused, I call *direct refusals*; the latter class are refused *indirectly*. Patients of this kind, if living any considerable distance from the Hospital, cannot and will not return to seek for admission a second time, and, unfortunately, there is no regulation at our Infirmaries, with the exception of two or three, (Cavan, Mayo, and Roscommon,) to take lodging for such rejected cases in the neighbourhood of the Hospital, that they may be under the surgeon's care until vacancies occur for their admission. For every patient so returned, several *indirect* refusals take place, for his neighbours, hearing of the circumstance, feel disinclined to send their sick friends to the Hospital, fearing the same result. Thus, the patients are not accommodated, and the funds are diminished; for governors will not give annual contributions, when a fair proportion of those they recommend are not admitted, and this cannot be done when the beds are so few as we find them to be in most hospitals.

The communications which I have received from the medical officers of Fever Hospitals and Dispensaries, in answer to the Circular, No. I. (see Appendix,) are another means of proving the various defects of county Infirmaries, and particularly that of the insufficiency in the number of beds. I shall therefore make some extracts from such parts of these letters as were answers to the seventh, 8th, 9th, and tenth queries of that circular.

Dr. Finucane, Surgeon to the Ennistimon Dispensary, County Clare, states, seventh answer, "The County Infirmary is thirteen miles distant from this." Eighth—"I can

positively state, that the number of cases, both medical and surgical, which could only be done justice to in the wards of an Infirmary, have been very numerous." Ninth.—"The number admitted few." Tenth.—"The patients not being able to provide a mode of conveyance, the distance long, and the cases bad, and many unable to bear the journey.

"I am sure the majority, if not the whole of the profession will agree, that one Infirmary can never be sufficient to afford relief to the great population of this county. I have met many cases, both medical and surgical, that required admittance to the Infirmary. The distance to it being long, and the *uncertainty of a vacancy*, are the chief reasons for their not making an application."

Dr. Blood, Surgeon to the Corofin Dispensary, in the same county, writes, seventh answer, "Distance from the Infirmary eight miles." Eighth.—"A great number, but the exact amount I cannot exactly tell." Ninth and tenth.—"I cannot tell, as those whom I recommend to go to the Infirmary seldom return to me, whether admitted or not."

In answer to the fourth and fifth queries respecting Fever Hospitals, and the eleventh and twelfth, which relate to Infirmarys, this gentleman observes, "Many persons receiving relief from this Dispensary reside six miles and upwards from it, [still more remote from Ennis than Corofin,] and the Dispensary being eight miles from Ennis, the site of the county Fever Hospital, this would make a distance of at least fourteen miles to many patients, which is too great a journey for an invalid; and their families think that it is so, and that the patients would not reach the Hospital alive, particularly in winter. And it stands to reason that it must be injurious to a bad invalid, to be jolted in a common car, so many miles. And again, many of these wretched beings have no mode of conveyance, nor means of obtaining any, consequently, they must remain in their miserable hovels without those common necessities which they would have in an hospital; and, therefore, besides spreading the disease (fever) to the immediate and neighbouring families, they become victims to protracted illness, (and to want of the necessities of life,) which frequently terminates either in death, or serious organic diseases, notwithstanding all my efforts." And again, "As to increasing the number of beds in the county Infirmary, there would be still the same objection with respect to distance, want of conveyance, &c., as in the case of fever patients."

Dr. Barry, of the Rathcormac Dispensary, in answer to the seventh, eighth, ninth, and tenth queries, observes: "The county Infirmary, at Mallow, is fifteen miles distant. Many cases, (but I cannot with accuracy say what number,) both medical and surgical occur in my dispensary district, which would require hospital treatment. Not a single case from this district is, to my knowledge, ever sent to the Infirmary. They are occasionally sent to the South Infirmary, at Cork, but of the county Infirmary, in Mallow, very few in this district know any thing."

Dr. Ahern, Physician to the Freemount Dispensary, says: "The county Infirmary is sixteen miles from my Dispensary. I have attended many bad medical and surgical cases, which certainly could be done more justice to in an Infirmary; scarcely any were sent, however, in consequence of its being so remote. The distance is too great for bad cases to be able to bear the journey, and the patients themselves have an aversion to go there, even were the Infirmary much nearer; *the nearest governor resides five miles from my Dispensary.*"

Dr. Donovan of Glandore writes: "The county Infirmary is forty miles from my Dispensary. I have frequently to perform capital operations in surgery, and *am moreover obliged to support the subjects of these operations during illness and convalescence*, as they are generally paupers; within my recollection, a case from my district was never admitted into the county Infirmary. The causes that chiefly prevented them are those specified in query tenth, viz., want of room in the Hospital; the distance being too great for bad cases to bear the journey, *and no governors being convenient.*"

Dr. Furlong, Physician to the Macroom Dispensary, states: "I have sometimes had to lament the almost utter impossibility of sending bad surgical cases to our county Infirmary at Mallow, the road from this [about twenty miles] being bad in the extreme. In so extended a district as is dependent on the Macroom Dispensary (the entire of seven large and populous parishes, and nearly one-half of four others) for relief, numbers of medical cases, not contagious, will naturally occur, and have occurred, which could not be treated satisfactorily, either for patient or physician, for want of an Hospital, or house of reception. Many cases I am obliged to have lodgings taken for in Macroom, to enable me to treat them with any hope of benefit. I am clearly of opinion, many cases that could only be treated in an Infir-

mary, have occurred to me each year. None such have gone there, partly from the distance, and partly from there being *no subscriber* in this neighbourhood.*"

The Inniscarra Dispensary, I am informed by Dr. Bailie, its medical officer, includes a district from five to $14\frac{1}{2}$ miles distant from either an Infirmary or a Fever Hospital. "My practice," he observes, "offers numerous bad surgical and medical cases, which could only be done justice to in the wards of an Infirmary. I cannot exactly say how many, but as well as I can recollect, between fifty and sixty annually. For the last year, I only got beds in the South Cork Infirmary for eight, [*a part of his district, it will be recollected, was within five miles of it,*] which were all bad surgical cases. I have never been able to procure a bed for a bad medical case. There is great difficulty in getting even bad surgical cases admitted, arising from want of room, the journey being too far, *and the want of governors to recommend. There is not at present a governor residing in my whole district.*"

Dr. Fitzgibbon of Roscarberry, states: "I meet many bad surgical accidents in my own district, and also in conjunction with my friend of the Glandore Dispensary, (Dr. Donovan,) as we mutually assist each other. The numbers I cannot give you, but they are sufficient to claim regard. I will give you a specimen or two, to convince you they could only be done justice to in the wards of an Infirmary.—First case: a poor man, residing at a distance of two miles, had penis amputated for cancer; two hours after operation, being called off to a pressing case, hemorrhage set in in the interval;

* "Though [I quote Dr. F.'s letter] the country for miles around Macroom, is *thickly inhabited by resident gentry*, and an immense population of wretched poor," yet notwithstanding this multitude of resident gentry, this intelligent gentleman observes, "I do not know any district in the south of Ireland, which from its locality, being a central town between Cork and Killarney, a considerable thoroughfare, and its enormous and wretched poor population, requires a *Fever Hospital, or small local Infirmary*, than does Macroom, *and I feel, that many lives might have been saved*, had such an establishment been connected with the Dispensary. However, unless by considerable aid from government, or by grand jury presentment, it could not be carried into effect." Here is one amongst the numerous instances that could be given, of the want of a Fever Hospital in a district, in which there is a considerable number of resident gentry, who, if they only subscribe for such an institution, can obtain a presentment of double the amount from the county. Can such a system of medical charities be called at all perfect, or ought not these "wretched poor" be better provided for when in sickness, when we have such proofs, that they are so much neglected even by the wealthy gentry of some districts?

on my return, patient so exhausted, as to be unable to bear removal for a fortnight, during which time his support and lodging, together with that of his wife, devolved on me in my own house, in which the operation had been performed. Second case, amputation of the metatarsus. Medical cases we frequently meet also, which could only be benefited by the regimen, &c. of an Infirmary; very few cases within my knowledge have obtained admission from this quarter into the county Infirmary. I could enumerate many, which, from distance, would not allow of removal to it. In my district, which is from six to eight miles square, there are, I believe, only two subscribers to that institution."

Dr. Kiely, then Physician to the Ballinaboy Dispensary, says: "The distance to Cork is five and a half miles, to the county Infirmary twenty-three and a half. Transportation to New South Wales, and being sent to the county Infirmary, would appear synonymous terms in this part of the country. Some bad surgical cases have occurred, which have been received without hesitation into the hospitals in Cork." Here we see how much contiguity to an Hospital facilitates the admission of patients into it.

The six last mentioned Dispensaries are in the county Cork.

Dr. Innis, Surgeon to the Caher Conlish Dispensary, county Limerick, states, that "the distance to Limerick is seven miles. Bad surgical cases have been always admitted into the county Infirmary, but certainly much inconvenience, and loss of life too, have frequently occurred here for want of a local Hospital, but there are no funds for that purpose." Here again a dispensary surgeon within seven miles of an Infirmary, gets admission for his bad cases.

Dr. Jolinson of the Adare Fever Hospital and Dispensary, county Limerick, distant from the latter city eight miles, answers, that "the number of bad surgical and non-contagious medical cases which require Infirmary accommodation annually, are from twenty to thirty; not more than from twelve to fifteen of these have been admitted these three years, for which the only reason I can assign is, the inadequacy of the institution to meet the wants of the people, from the limited number of beds."

Mr. Edward Hay, one of the governors of the New Ross Fever Hospital and Dispensary, in transmitting me the Report of these institutions for 1832-3, at the desire of the Managing Committee observes: "I send you the above Report

of our Hospital for the last year, which answers almost every query you put. As to the county Infirmary, (at Wexford,) it has not come to our knowledge, that any patients were sent to it from this town for some years."

Dr. Boxwell, Physician and Surgeon to the Abbyelex Fever Hospital and Dispensary, writes; "I could give you innumerable facts to prove the misery and suffering produced from the want of room at our county Infirmary, although conducted as well as any county Hospital in Ireland; yet it does not give relief to a tenth of the applicants, *who return to their homes with their complaints much aggravated from the fatigue of travelling long journeys.*"

Dr. Purcell of Carrick-on-Suir, distant from Cashel about twenty miles, states; "The county Infirmary* is of no use in this part of the country; I have often endeavoured to influence persons to go there, but I found them neither able nor willing, nor had they the means of paying their expenses. In fact, it is too remote, and on too limited a scale for so large and populous a county. I certainly meet in this district with more surgical cases requiring immediate assistance than any others, as, for instance, retention of urine, bad strictures, enlarged prostate, diseased mammae, herniae, fractures, &c.; I have even had a case of tetanus to treat in a wretched hovel. Few, if any, of these could be properly attended to for want of Hospital accommodation; *nor can it be expected, that a surgeon having any regard for his character, will risk it in performing operations in the miserable and filthy cabins of the wretched poor.*" Dr. Purcell,

* Having to meet Dr. Purcell on professional business in Carrick-on-Suir last summer, I arrived there just as the annual meeting of the governors of the Fever Hospital and Dispensary, to which he is the physician, was going to take place, and to which I accompanied him. The meeting was numerous, and respectable; it was indeed a gratifying scene, most of the gentry of the town and neighbourhood having attended, and evidently feeling a deep interest in the welfare of the institution, one of the best conducted in Ireland, I am confident. Yet not one out of this entire district, in which there are more wealthy persons residing, than perhaps in any other in this county, was a governor of the county Infirmary; several had been so formerly, but finding so few from their neighbourhood go there, they gradually ceased to subscribe. Could the sick poor of Carrick and the neighbourhood derive much advantage from the Infirmary, I am confident, there are no where to be found a class of gentlemen more generous or liberal, in qualifying themselves to assist them, than those who reside in that town and neighbourhood. Of their excellent institution, which reflects so much credit on them, and on Dr. Purcell, I shall have to give some account in another chapter.

Dr. Kingsly, Dr. Boxwell, and Dr. Fitzgibbon of Roscarberry, are graduates of the Dublin College of Surgeons, but this does not prevent them and others from seeing the defects of our medical institutions, which they appear most anxious to improve.

Dr. Kingsly of Roscrea, observes : "Our Dispensary is about twenty-six miles from the county Infirmary, (at Cashel,) which can only receive twenty-four or twenty-six patients, therefore affording accommodation *only* to the neighbourhood of Cashel. I have subscribed to the Infirmary for the purpose of sending bad surgical cases to it, *but my patients have been sent back again for want of room to receive them.* Several, indeed numerous cases occur every year, that require to be taken into Hospital, such as fractured legs, retention of urine, venereal diseases, dropsies, strangulated ruptures, besides many other cases requiring surgical operations, as amputations, removal of tumours, &c."

Dr. Gallogly of Clogheen, states, that "the Cashel Infirmary is seventeen miles distant. From twenty to thirty cases annually come under my notice, which would require Hospital aid; none of those that I know of are sent to the Infirmary. The distance appears the chief reason."

Dr. Ryall of Fethard, (in this county,) seven miles distant from Cashel, who has an extensive Dispensary district, and prescribes for about 4,000 at it annually, has "sent at most six patients every year to the county Infirmary. The number of patients labouring under chronic disease, who require the comforts of a general Hospital, is very considerable. Those which most required Infirmary accommodation, were about fifteen surgical, and twenty-five medical cases annually, on an average of some years; want of room in the Infirmary, and incapability of removal, were the chief causes of many not being sent to Cashel."

From the Poulmucca Dispensary, the county Infirmary is seven miles distant. Mr. Fitzgibbon, the Surgeon, (whose district includes a population of about 8,000,) has "frequently met with both medical and surgical cases, which could only be done justice to in an Infirmary; of these not more than one case in ten could get admission into the Cashel Hospital. The difficulty of gaining admission from this district, arises chiefly from the want of room in the Infirmary."

These communications, which are similar to a great number with which I have been favoured, not only prove

the insufficiency of beds in our county Infirmaries, but throw light on the defects of these institutions in other respects. They are the answers of respectable practitioners, who are so circumstanced, that of all others in this country, they must be the most likely to possess practical information on the subject. Many of them never knew, and probably never before heard of, the person who put the queries to them; and only in one instance is it likely, that any communication could have taken place between any two of them before their answers were sent me.

RESIDENCE OF SURGEONS IN COUNTY INFIRMARIES.

I have not called the residence of the *chief* medical officer of these charities in a part of the building a defect, but the question requires consideration, whether the practice is one to be approved of, and whether it is not directly and indirectly injurious. When these institutions were established, the value of a resident house surgeon (apothecary) was probably not well understood; and we may charitably suppose, that when the governors of any Infirmary appropriated a portion of it for the residence of the principal medical officer, or used its funds to build him a house contiguous to it, they did so with the best intentions, and solely with the view, that he should be more convenient to the patients, and of course, the better enabled to be useful to them. It is likely also, that at so early a period, when the population was small, and the number of patients comparatively inconsiderable, those hospitals, which are *now* incapable of containing beds enough for the bad cases requiring them, may *then* have had as much spare room as could afford the surgeon a residence, without excluding any patients. But the case is now greatly altered, for I contend, that with proper management, every room in these institutions that could be appropriated for beds, could be filled with patients requiring Infirmary assistance.

I believe all will admit, that the primary and chief object of these institutions is, to give relief to such sick paupers, tradesmen, and others, as could not be done justice to by medical gentlemen in their own residences, and who could not afford to obtain efficient medical aid. The next is, to give well educated professional men more extensive opportunities of acquiring practical information, that they may be the more

competent to attend the middle and wealthy classes when these require their assistance. The third and last object is, and ought to be, to benefit the medical officers. This being the case, it is plain, that no part of *the funds* of these institutions should be appropriated to the use of the medical officers, (beyond their salaries, which should be fair and ample to compensate them for their education, and loss of time and attention in the necessary duties of the Infirmary,) as long as there are sick poor in the county, who require Hospital aid, and *to whom it could be afforded*, by any machinery which the governors might without much difficulty put into execution. Neither are the latter justified in allowing their surgeon to occupy any part of an Infirmary, if his doing so cause the exclusion of a single patient. These charities were established for the occupation of the sick, not for that of private practitioners; at least, I have not found a single expression in any acts of parliament relating to Infirmaries, which even indirectly authorizes the governors to use these institutions as residences for that class of medical officers, though I admit, it is quite legal for them to do so; but certainly, both the spirit of these laws, and the common sense view of the subject, are otherwise. But if it can be shewn, that the practice I allude to, both unnecessarily diminishes the Hospital funds, and excludes many fit cases, it will surely be admitted, that it should no longer be continued. And as this may be done without injury to the surgeons who so reside, and with benefit to the sick, the former can have no reasonable cause of complaint.

The Infirmaries in which the medical officers reside, either in the Hospital, or on the premises in houses built for them by the governors, are Kildare, Longford, Navan, Wexford, Armagh, Antrim, Donegal, Tyrone, Galway, and Mayo.

I have already alluded to the insufficiency of the Kildare Infirmary, and I find on examining the number and dimensions of the rooms occupied by the surgeon, that they are capable of holding at least fifteen beds, which would accommodate 120 patients annually, were each to remain only forty-five days in Hospital. The total number admitted in a year is only 238.

The Surgeon of the county Down Infirmary, "resides in a house attached to the Hospital, consisting of four rooms, two closets, and a kitchen, which form a wing of the principal building. In the yard is a range of offices, consisting of

stable, coach house, &c." These four rooms, though their dimensions are not given, we may fairly suppose, to be capable of containing at least twenty-four beds, which is one more than the Hospital usually holds.

The Surgeon of the Tyrone Infirmary resides in the Hospital; how many rooms he occupies is not stated. The number of beds in the house is only twenty-five: the rooms occupied by him are not likely to be capable of containing less than twenty more, the entire of which would be few enough for a population of above 300,000.

Of the Donegal Infirmary, which is stated to be "much too small for the number of patients," the surgeon occupies apartments capable of containing twenty-three beds.

These instances will be sufficient to point out the inconvenience of appropriating a part of these institutions to the chief medical officers; for in each, as well as in others which I have not enumerated, it appears likely, indeed it is more than likely, that some of the rooms occupied by the surgeon, were he not a resident of the Hospital, would be used for patients. But this is a part of the Infirmary subject which I am unwilling to follow up, as I may be accused of an intention of curtailing the comforts of the medical gentlemen in question. So far from this being the case, however, I am a decided advocate for the reverse. But it may be necessary to meet one objection, which I know will be made to the above conclusion, and which at first view may appear a very cogent one.

It may be said, "the Hospitals alluded to, and others similarly circumstanced, have been long in operation with only the number of beds given in these Reports, and in some even with a lesser, until lately, and the surgeons have long occupied these apartments. The public have been satisfied with the mode in which their business was done, and no fault has been found with the residence of the surgeons in a part of the Hospital. In fact, no injury has arisen from it, as in each, except that at Lifford, there is still spare room, and were there more funds, or more patients, a few more beds could be added, without at all interfering with the surgeon: what necessity can there be, then, for dispossessing him of those rooms, which would be mere waste, were he deprived of them?"

To this I would reply, "if the small number of beds which the Down, Kildare, Longford, Tyrone, Mayo, and other Infirmarys (whose medical officers reside in them)

contain be really sufficient for the bad surgical and medical cases of your respective counties, or even of such as reside contiguous to the Infirmaries, then one of two things must be the case; either these counties or districts are peculiarly healthy, and afford a much lesser number of fit subjects for Hospitals than others, or from some unexplained cause, there is not such management as enables these institutions to be effective in the degree they are capable of. If the former be the case, it is incumbent on the medical officers of these Infirmaries, and on the governors, to publish such statistical documents as shall prove this extraordinary local salubrity, for nothing less will be satisfactory; but if they will not, or cannot do this, then let them remove the surgeons from these Hospital apartments, proclaim to the public that there are so many vacant beds, and appeal to the gentry of the county for donations and subscriptions, to enable them to support the increase of patients, which these beds can admit. But if in the course of some time, neither funds nor *fit* patients offer, then let the medical gentlemen re-occupy the rooms." Nothing short of this can satisfy any one that considers the subject.

But it may be also said, "it is a saving to the public, that the medical officer should reside, as the governors thereby pay him a salary so much less than that to which he is legally entitled, in proportion to the value of his Hospital rooms or house." Now, in the first place, the governors do not always so diminish the salary, for I find, by the table of salaries in the first Report of the Board of Health, that in one Hospital, in which the surgeon occupies apartments, actually capable of containing additional forty-eight beds, besides "two stables, two coach houses, harness room, barn, and several other offices," the full amount of the treasury grant and of the county presentment (of £100 a year for the surgeon) is paid; and in another a still larger sum,* £230. But I could go further, and say, "the medical officers have certain salaries legally marked out for them, which, when they perform their duties properly, as of course they do, the public have a right to pay, and must pay. But the sick poor are also entitled to the benefits of such rooms as the Hospitals contain, as far as funds can be had to pay the ne-

* As the law only allows £100 from the treasury, deducting pells and poundage, and £100 from the county per year, it appears rather curious, that a greater sum should be paid.

cessary expenses, and they should not be deprived of these benefits, or the number of beds diminished, with the view of making a petty saving to the public, or the county, in the surgeon's salary."

But view this practice in any light, it is one which neither the governors nor the medical men can well defend. The latter particularly, by their residence in an Hospital, in which the wards not occupied by them are few in proportion to the population and extent of the county or district, must appear an interested party, and directly opposed to the efficient working of the institution. Let us suppose a case: an Infirmary surgeon occupies one-third of the rooms of an Infirmary; the remaining two-thirds are usually filled with patients, with the exception of two or three beds which the surgeon keeps vacant for casualties. In this instance, no one can say, that there is not room enough for the cases admitted; but these admissions are in a very small proportion compared with those in other county Infirmaries, in which the beds are more numerous, either from the non-residence of the surgeon, or from any other cause. Under these circumstances, a governor who is dissatisfied, because many whom he recommended have not been admitted, may with some degree of justice say, "I can scarcely suspect that Dr. A. would act so interestedly, and so unprofessionally, as to limit the number of interns, or refuse any, lest, if the existing wards and beds were crowded, the governors might see, that his residence was a bar to the admission of a greater number, and that he would probably be deprived of them; but I confess, it has that appearance, and I think it incumbent on us (the governors) to remove any impressions of this kind from the minds of the public, and until the surgeon's rooms are appropriated to their original and legitimate purposes, I for one, cannot help supposing, that the surgeon would, were he a non-resident, admit a greater number of patients." Like this governor, I cannot believe, that any professional men would act such a part, but the imputation, under the circumstances, is natural, and the surmise must injure the institution. An unfeeling medical man might do so, and any medical officer could limit or increase the admissions, to an extent which few not practically acquainted with the subject would believe, the governors all the while being unable to check or control him.

With regard to building houses for the medical officers on a part of the Hospital grounds, and from the Hospital

funds, one would suppose, the only case in which this could be done, with any fair consideration of the interests of the charity, would be, first, when the funds were considerable, and such a balance in hands as might be appropriated for the purpose, without any possibility of the institution suffering by the abstraction of the sum necessary for the building; and secondly, when the Infirmary happened to be so far distant from the city or town, as at Carlow, that no comfortable house could be rented by the surgeon sufficiently near it. But both these circumstances are rarely combined. On the contrary, houses have been built for the medical officers in large and populous towns, (where there could be no difficulty in renting comfortable residences,) even by the governors of institutions who report, that "during some years the income was not sufficient to defray the expenditure, and the governors were under the necessity of limiting the number of patients, and on two occasions of selling a part of their stock to defray extraordinary expenses incurred for repairs." Report 1st of the Board of Health. The Infirmary I allude to, is that at Wexford; and as I have official information on the subject, the particulars must be interesting for many reasons.

In February, 1833, there was a vacancy for the surgeoncy of the Wexford Infirmary, when the present medical officer was elected, under the very peculiar circumstances which I shall just now state. Shortly after his appointment, the governors commenced building a house for him, of which I am favoured with the following account. "The house now occupied by the surgeon is new, and forms a wing to the Hospital; the expense of building it was about £550, and as it was found necessary to dispose of £200 stock in the $3\frac{1}{4}$ per cents towards defraying part of the expense of the building, the surgeon has to pay annually twelve pounds, being six per cent. on the amount of stock sold out, instead of $3\frac{1}{4}$ per cent. thereby increasing on that item five pounds per annum, to the credit of the institution. It is more than probable, his successor will be charged with an annual rent of the value of the house."

In the first Report of the Board of Health, it is stated, that the Castlebar Infirmary has "twenty-six beds, all generally occupied. Attached to this building is the surgeon's residence, not yet completed, $55\frac{1}{2}$ feet long, by twenty feet wide;" and in the second Report, after giving the dimensions of the Infirmary rooms and wards, "there are also a house and

offices for the surgeon ; the house, though it has a different front, communicates with the Infirmary." This house, of course, being on the Hospital premises, was built by the governors, and out of the Hospital funds. It is further stated, in the former Report, that "in 1825 the Dispensary was discontinued," but why, we are not informed ; and in the second Report we have it, that "extern patients are not attended to at this Hospital ;" i. e. those that are able to go to the Infirmary for advice and medicines, are *neither given the one nor the other*.

Now, though the governors of the Wexford Infirmary had a small balance, £219, in hands in 1833, and some corporation debentures, and government stock, amounting to £687, still, as it is admitted by themselves, that they were "under the necessity of limiting the number of patients," and that "during some years their income was not sufficient to defray the expenditure," I know there are several of their neighbours who think, that it would be more judicious, and more in accordance with the objects of the charity, either to allow this surplus fund to accumulate, that the interest on it might be used for the support of a few additional beds, or to apply as much of the principal itself to that purpose, as might be necessary, than to expend any part of it in building a house for a *practising* surgeon. But having been built, they cannot be persuaded, that a fair rent should not be paid for it by that officer, the county being able and willing to pay him his full salary. And though from some unexplained cause, the governors of the Castlebar Infirmary (and a few others) have a large vested balance on hands, £4,892, yet it does appear strange, that a portion of it should not be applied to an increase of beds, as twenty-seven must be quite insufficient for so large a county ; or, at least, that the usual attendance on externs should be dispensed with—if the object be to save expense—when a larger sum must have been laid out in building a house for the *chief* medical officer in an assizes town, containing a population of 6,373, where surely there could be no difficulty in renting one for him.

INFIRMARY TREASURERS.

As the situation of treasurer to a county Hospital is an important one, and enables this officer to command much in-

fluence in the elections of the officers of these charities, some observations on the subject appear necessary.

It has been already observed, that though up to 1833, annual subscribers were not entitled to vote at the elections of medical officers to infirmaries, donors of twenty guineas were not so precluded. The consequences were, that when two or more candidates appeared, many of the friends of each became donors immediately before the day or hour of election. As the first set of queries of the Board of Health (the second queries have not been published) had no allusion to this practice, the information on that head in their Reports is very limited. But from some, it would appear casual, observations in the returns of the governors or treasurers, we have it officially, that at the Meath (Navan) Infirmary, "the balance appears large from various causes; an influx of subscribers *for one year*, when a surgeon was elected," was one cause. And at Castlebar it is stated, that "there is now a balance in favour of the public, being the residue of forty-three life subscriptions, (donors of twenty-one pounds each,) received in October, 1824, on the election of a surgeon." I have been informed of two other Infirmaries, at which the same occurred since the date of that Report, viz., Clare and Wexford. At the former, about forty became donors; at the latter, thirty-four, immediately before an election for a surgeon.

When these elections are about to take place, the treasurer has considerable influence, and in a majority of instances, is the *medium* by which either candidate becomes successful. This officer is sure to be in the confidence, and indeed is the organ of the majority of the existing governors; the books and accounts being in his possession, *he only can know how many pay their donations*, and in this chiefly consists his influence; and the manner in which he used it is this: Doctors A. and B. are candidates, the former is put forward by the treasurer and his party. Notice being given of the day of election, the treasurer examines his books, and sees how many governors are entitled to vote; he, and his friend the surgeon, (who has already canvassed, having had a correct list from the treasurer,) count their men, and find that forty, suppose, can vote. If of this number, surgeon A. can only reckon on a minority of eighteen, for instance; he gives his friend cash, or a bank order, with a list of four or five staunch governors, on whom he knows he can rely in his hour of need, and thus secures a small majority of six or

seven. But he further gives him security or cash to a much greater amount, with an additional list of names, whom the treasurer is to enter in his books as donors, who have paid their life subscriptions, *should his doing so be necessary, but not otherwise*. This necessity depends on the steps which are taken by his antagonist Dr. B., whose first act is to go to the treasurer, requesting to be informed how many governors are legally qualified to vote.* That officer, however, may not be at home, or he refuses to give the information, which Dr. B. has not the power of enforcing. But, on being so refused, which he can only attribute to an unfriendly feeling towards himself, and a desire to favour his rival, he also takes his cash, and his list of friends, or perhaps the latter accompany him, and he, or they, create a certain number of governors, suppose five, quite sufficient in his opinion to obtain a majority, which opinion is, of course, formed from the canvass he has already made amongst the existing governors; or if he and his friends be wealthy, they perhaps pay for ten, fifteen, or twenty life governors, to make "assurance doubly sure." The treasurer, on receipt of these funds, informs Dr. A. of the majority so created by his opponent, and should he not already have given the *needful* to secure his position at the head of the poll, he now does so; and by this sort of understanding between him and the treasurer, he is always enabled to keep a few a-head of Dr. B., without being obliged *to work in the dark*, as the latter must of necessity, being unable to ascertain how many voters have been enrolled for the former. But should Dr. B. or his friends be more wealthy than his rival or his party, it may happen that they hand in a large sum at once, which the latter may be unable or unwilling to equal. Much feeling, however, being usually created on these occasions, and the treasurer's friend being always connected with the most wealthy and influential persons of the district, it rarely happened, that friends or cash fail, especially as they knew the exact sum necessary to insure success, from the information afforded them by the treasurer, the want of which information must be so injurious to Dr. B., as he, whilst still advancing large sums of money, may be so much under the

* This might be known from the printed Reports of the former, or same year, were all life governors; but as some are annual subscribers, such of these as have omitted to pay three guineas within the year, are not entitled to vote. Beside there are some Infirmarys at which there are no Reports!!!

mark, as to have no chance of success, or paying so much more than may be necessary, if his opponent be less wealthy, and his friends unwilling to advance a sufficiency. In fact, by this machinery the advantages are so great in favour of the treasurer's surgeon, that it is almost useless to cope with him, an opinion which will be corroborated by the result of the late election for the Wexford Infirmary, of which I am assured, the following is a literal and correct account.

Of all the candidates that offered for the surgeoncy of that Infirmary, only two appeared to have any chance of success ; one, the successful candidate, was the treasurer's friend, and of course, supported by the governors in the interest of that gentlemen ; the other had money and friends also, but as it was impossible for him or them to ascertain from the treasurer, how many had become life governors in the opposite interest, they in a great measure reserved their funds until the day of election. The governors being assembled, and the chair taken, the treasurer being called on for his books, declared he had no books containing the names of the governors or the Infirmary accounts. He handed the chairman, the Lord Bishop of Ferns, a sheet of paper, which contained a list of those who, he said, had paid him their subscriptions ; but after he produced this, he refused to receive any more subscriptions. He had in this last a majority for his friend, which he maintained by refusing to receive more donations. In this way he had it in his power to return whom he pleased, and did so ; for before he refused to receive donations, he would not let even the secretary know the number of governors. Another candidate would have been easily returned, if the treasurer had received the donations, for he had a majority of twenty-three in the Board room, had they been received.*

* The treasurer of this Infirmary is a most respectable, intelligent, and humane gentleman, and of course only acted on this occasion as his friends, the majority of the governors present, wished ; for had they chosen, they could have insisted on his producing the accounts, and answering the secretary's question, the answer to which, in fact, was in the Right Rev. Chairman's hands. They could also, on his refusal, have received the proffered donations ; so that the treasurer's act was theirs as much as his. I feel it necessary to make this statement, lest I should be supposed to throw blame on this gentleman, which I entirely disclaim. My object being to point out a system, which, I am confident, no respectable person can defend ; and in this instance, if I have departed from my usual practice, that of omitting names and places when any blame might appear to fall on individuals, I do so only because I consider it

GOVERNORS OF COUNTY INFIRMARIES—IRREGULARITY OF THEIR MEETINGS.

In reply to the eighth query of the Board of Health, we have, in the first Report, some account of the mode in which the governors of these institutions discharge that portion of their duties which relates to attendance at monthly or quarterly meetings. On this important point the following information is given.

Dublin County Infirmary.—“We would observe that the arrangements of this Hospital, and application of its funds, are of a superior kind, *as it is* under the control of governors *who regularly attend*, and devote a considerable portion of their time to its management.”

Carlow Infirmary.—“The governors *should* meet quarterly, according to their rules, but their meetings have latterly been irregular; when *they did meet*, their proceedings were regularly recorded.”

Kildare Infirmary.—“Governors meet quarterly, or on any other occasion by notice; from five to twelve usually attend.”

Kilkenny Infirmary.—“*No particular time is appointed* for a meeting of governors, and when they do meet, their number seldom exceeds seven or eight.”

Tullamore Infirmary.—“From two to eight governors meet on every Monday, to inspect the transactions, and to admit and dismiss patients.” There are quarterly meetings also.

Longford Infirmary.—“Saturday in any quarter sessions week is appointed for holding a meeting of governors; their attendance is very irregular; from five to ten attend.” This gives only two meetings in the year; and I would say, that assizes and quarter sessions are not the best periods for such meetings.

Louth Infirmary.—“In addition to quarterly meetings, governors meet on all requisite occasions; the average number attending is about six.”

necessary, that *that system* should be fully known, and apprehending that if I were less explicit, my statement would scarcely be credited, especially by the English reader.

Navan Infirmary.—“The governors *are required* to meet quarterly, [but it is not said that they do meet, or how many meet,] to pass accounts and transact other business.”

Queen’s County Infirmary.—“There are four quarterly meetings in the year, which are well attended; at each of these a committee is appointed which meets every Monday during the quarter; the average number attending is about five.”

Westmeath Infirmary.—“There are forty-nine governors, who on an average meet about ten times in the year; about seven or eight usually attend.”

Wexford Infirmary.—The information given respecting the governors of this Infirmary is rather curious, and the practice peculiar to itself, it would appear. “The Board of Directors is chosen annually at a meeting held in May. This Board meets on every Friday; four members usually attend.” From this it appears, that the governors at their annual meeting depute the management of their institution to a Board or Committee for the year; than which there can be no worse practice, as it tends to throw the management of the Hospital into the hands of a small number, and gives those who are not on such Board an excuse for non-attendance, which, by not bringing them into practical acquaintance with the affairs of the charity, is sure to have bad effects.

Wicklow Infirmary.—“The appointed day of the meeting of governors is the second Friday in every month.” This is all the information given; it is not even stated if they then meet, or how many meet.

Armagh Infirmary.—“The governors are summoned *whenever any business requires their attendance*; about ten are usually present.” But it is not stated how often business does require their attendance.

Antrim Infirmary.—“A board of governors meets quarterly; the management of the institution is placed by them under a committee of three, who meet weekly, and report to the succeeding Board.” This is a better plan than that adopted at Wexford.

Cavan County Infirmary.—“The governors are called together when occasion requires; there are weekly meetings of an open committee for admission of patients, &c.”

Donegal Infirmary.—“The governors hold a meeting at each spring and summer assizes, and occasionally, but not regularly, at other times.”

Down Infirmary.—“Governors *should meet* four times in the year; *when a meeting does take place*, proceedings are recorded.” No wonder this Hospital should not be very efficient.

Fermanagh Infirmary.—“Governors meet monthly;” but how many we are not told.

Londonderry Infirmary.—“Governors meet once in three months, and oftener if occasion requires; from ten to twenty usually attend, when a visiting committee is usually appointed, which meets once a week.”

Monaghan Infirmary.—“Governors meet as often as occasion requires, and from three to six usually attend.”

Tyrone Infirmary.—“*There are but seven governors resident in this county*, and they are at such distances that it is not easy to obtain a meeting.”

Clare Infirmary.—“The governors seldom meet except to examine the accounts, and the state of the Hospital; the number generally attending is from five to six.”

Mallow Infirmary.—“Governors meet *whenever the affairs of the Hospital require their attendance*; from five to nine usually attend. A committee is appointed to attend weekly, to hear complaints and examine the state of the Hospital.”

Kerry Infirmary.—“There are *no stated days* for meeting of governors, *and as almost all of them are absentees*, there are *very few meetings in the year*.”

Limerick County Infirmary.—“At the first meeting of governors in the year, they appoint a standing committee of fifteen, to inspect and manage the establishment.”

Cashel Infirmary.—“Governors meet quarterly; nine or ten usually attend.”

Galway Infirmary.—“*It is extremely difficult to obtain a meeting of governors*, except at the assizes, as the greater number reside at a distance; two only in the neighbourhood; no particular days are mentioned for the meetings.”

Leitrim Infirmary.—“The governors meet quarterly; a managing committee is annually elected from the governors; this committee meets every Tuesday; five or six usually attend.”

Mayo Infirmary.—“A meeting of governors is called quarterly by advertisement; *these meetings do not always take place*, and seldom more than three attend. This number forms a quorum. *On extraordinary occasions, such as*

the election of a surgeon, a large number of governors attends."

Roscommon Infirmary.—"Governors now meet quarterly, there are generally from five to eight in attendance."

Sligo Infirmary.—"An annual meeting of the governors is held; *a quarterly meeting which should be held does not always take place, it being difficult to procure a quorum of five.*"

These extracts, which are only the returns made by the governors themselves, or their treasurers, shew how little interest the gentry of several counties take in the management of their Infirmaries. And I have reason to know, that in some of the counties in which the meetings are stated to have been usually attended by eight or ten, these were generally the same persons who resided contiguous to the Hospital. It would, therefore, appear, that the "radical difficulty" alluded to by Messrs. Latouche, &c. still exists, and that no "local control, sufficiently steady and energetic," is yet exercised by our gentry in respect to many of these institutions.

Though I have endeavoured to ascertain the number of life and annual governors of the Infirmaries of each county, I have been unable to do so. In some of the annual Reports their names are given, but in the greater number it is otherwise. One medical gentleman who gave me useful information respecting his Hospital, observes, that he "neither knows the number nor the names of the governors."

UNION OF THE SITUATIONS OF SURGEON AND APOTHECARY OF COUNTY INFIRMARIES IN ONE PERSON—ITS DISADVANTAGES.

It would be a waste of time to occupy the reader with all the reasons that could be given, to shew the objections that lie to this practice, which is in itself so much opposed to the interest of these charities, that it is surprising it was ever allowed. I shall, therefore, only advert to one or two of the chief objections. When the two situations are filled by different persons, the apothecary, in the surgeon's occasional absence, is useful in various ways, and if resident in the Hospital, is particularly so: but when the surgeon is also the apothecary, there is no responsible person to look after the Hospital in his absence. Beside, when the surgeon has a considerable number of patients to prescribe for, and, perhaps, much private practice, he cannot himself spare time to

compound the medicines, and must depute such duty to an apprentice. Now, the latter may perform that duty very well, but if he act negligently, or incorrectly, or improperly, as apprentices often will, to whom is he responsible? not to the governors, but to his master. Is the latter then likely to complain of the misconduct of an apprentice, whose acts are, in fact, his own? I should think not, and the difference between an apothecary appointed by the governors, and one acting as the surgeon's apprentice, is this; the former is more competent; he is responsible to those who appointed him; and if he neglect his duty, or perform it negligently, the surgeon has no interest or motive in screening his delinquencies, as he would those of his apprentice. I admit, that it is possible for one of great energy and personal activity to discharge these duties well, even though by apprentices, and Dr. Jacob of Maryborough is an instance of it; but the rule is a bad one; and as the medical officer is, or ought to be, fairly paid for his medical attendance, which is quite sufficient to occupy the time of one individual, I think he should not be allowed to hold another situation, which after all he must perform by deputy.

But it may be said, if those surgeons are prevented from acting as apothecaries to Infirmaries, they must lose considerably by the loss of the apprentice fees they now get, in consequence of their holding these joint situations. To this I answer, Infirmaries were not established for them, but for the poor, and if the practice be adverse to the interests of the latter, no other has a right to insist on that which is so proved to be an injury to them. Beside, as long as the chief medical officer of an Infirmary is the apothecary to it, is it not clear, that he is under the suspicion of being much interested in opposing that regulation, without which no Hospital can be a good one, or, at least, is likely to be well managed; I mean the appointment of a house surgeon (apothecary?) And I may here remark, that until these institutions have such resident officers, they cannot be considered efficient, and never will be on an equality with similar charities in England and other countries.

CHAPTER V.

SECTION I.

ADVANTAGES AND DEFECTS OF FEVER HOSPITALS.

THE following answers were received in reply to the queries contained in circulars one, two, and three, (see Appendix,) and to others shaped so as to obtain information respecting institutions, in the constitution or management of which, it was supposed some peculiarities existed. After a consideration of them, the reader will be better enabled to understand the state of these charities, the advantages derivable from them, the defects under which they labour, and the means most likely to remedy these defects. I give these communications much condensed, but in such a form, as to afford the information which the writers intended to convey, whilst I have been obliged to omit much valuable matter, of which I may, perhaps, hereafter avail myself, but which is not immediately necessary for my present subject.

ADARE FEVER HOSPITAL.

“The Adare* Fever Hospital and Dispensary, is capable of containing from twenty to twenty-four beds.

“The average number of patients in Hospital at one time, during three years, has been six.

“There are only three at present.

“The average number of fever cases is 130 annually.

“All febrile cases are admitted indifferently.

“No surgical patient admitted; but when cholera prevailed, the Hospital was set apart for it.

“Before this institution was established, fever patients were removed from this to the Limerick Fever Hospital, distant eight miles, several in the advanced stages, some of which cases proved fatal. But since the Adare Hospital has been opened, no case has proved fatal; the only reason for which I can assign is, *that they are removed to it early in the disease.*

* Dr. Johnson, Surgeon to the Adare Fever Hospital and Dispensary.

"This Hospital was built solely at the expense of the Earl of Dunraven."

I have not yet been able to obtain a statistic return of the patients admitted into this Hospital.

BUTTEVANT* FEVER HOSPITAL.

"There is a Fever Hospital connected with this Dispensary, *but not another within eighteen miles.*

"Previous to its erection, I did find that fever was much extended, and considerable loss of life and suffering occasioned for want of one.

"During the epidemic fever of 1818, Buttevant had no less than three temporary Fever Hospitals.

"The Hospital is capable of containing thirty-six beds.

"As fever has not been epidemic for the last three years, the admissions have been only about thirty annually. There are none in it at present.

"Cases of common contagious fever only are admissible, according to the rules of the institution.

"I admit, on my own responsibility, from time to time, such cases as require capital operations, but these patients are not supported by the Hospital funds, but by their own relatives. I do find that system work uncommonly well.

"The greater number of the admissions took place from within a circle of five miles around the Hospital; of 120 admitted, only about twenty-four came from outside that circle.

"I am certain there are as many cases of fever and other diseases in this district, (which is about seven miles in extent, and has a population of not less than 30,000,) as would require an Hospital to be kept constantly open for them, and I speak from a thorough knowledge of this part of the country, that such Hospital would be invariably crowded. We refuse admission to numbers annually labouring under various diseases, especially surgical ones, which require Hospital accommodation. We do admit about twenty, but these are either supported by their friends, by some other charity, *or by myself.* All the subjects of capital operations are of this class."

* Dr. M'Fadzen's Reports, December, 1833. Idem, November, 1834.

BANDON* FEVER HOSPITAL.

"The nearest Fever Hospital is at Cork. *That in Bandon is the only one in the west riding of this extensive county.*

"Before our Hospital was established, fever was much more frequent in this town than of late years, and much more fatal.

"The Hospital is capable of holding thirty-six beds, but we have never had more than twenty, *as our funds would not allow of it.*

"The greatest number in Hospital at one time was sixteen; we have only five at present.

"Of 152 cases admitted in one year, all were residents of the town and vicinity, as far as one or two miles around it.

"Fever patients seldom apply for admission, except from the town and vicinity, the peasantry, in general, having a great objection to be sent to Hospital."

KINSALE† FEVER AND GENERAL HOSPITAL.

"This institution consists of a building capable at present of containing 120 beds. Into the fever part it is not intended that any but cases of typhus and common continued fever should be admitted, but small-pox, &c. will occasionally creep in. For the last four years, the admissions have been somewhat under 100 per annum. At present there are twelve cases (most of them very slight) of common continued fever in the wards.

"The liberties of this town extend two miles around in every direction, and contain a population of about 15,000, and the public establishments here are bound to find relief for all the paupers within this district.

"In 1833 the Fever Hospital received 133 patients, of whom five lived outside these limits.

"Fifty-five intern patients were treated at the Dispensary in the same year, seven of whom came from without the liberties.

"Connected with our Dispensary, we have an institution

* Dr. Belcher, 1833, and 1834.

† Dr. Jago, 1833, and 1834.

for the reception of severe accidents, and occasionally a few non-contagious medical cases, amounting altogether from thirty to forty each year."

MALLOW* FEVER HOSPITAL.

"The Hospital contains twelve beds.

"None but cases of supposed contagious fever are admissible.

"From the 16th of May, 1832, to the 1st July, 1833, 121 patients were admitted, and seven died.

"From July, 1833, to January, 1835, 176 were admitted, of whom eleven died; four remaining in Hospital.

"This Hospital was established in the summer of 1832, in consequence of contagious fever having made its appearance in that town, about the same period as the Asiatic cholera. It was built out of a fund raised for the relief of the distressed poor of the town, and consists of a timber shed thrown against a wall, and cost about £20.

"The utility of the institution has become so evident, that it is the wish of most of the inhabitants to erect a permanent building, for which purpose, a sum of £160 was subscribed. An attempt to obtain a presentment was made at the summer assizes, which proved ineffectual, *in consequence of opposition from a quarter not at all expected.*

"The admission of patients is limited to a district extending *one mile in every direction around the market house.*

"No patients have been refused admission for want of funds."

FERMOY† FEVER HOSPITAL.

"In 1829, 1830, and 1831, the Fermoy Hospital admitted 250 patients, of whom five died. There were *then* no surgical cases received.

* Dr. Justice.

† This Hospital and Dispensary are attended by two medical officers, beside a surgeon apothecary. Several applications to the former for information respecting it being ineffectual, I at length requested a professional friend residing in Fermoy, to supply me with such as he could obtain. To him I am indebted for a very accurate account of these institutions.

"In 1834 the admissions were ninety-one, of whom three died. None of these resided at a greater distance than three miles around Fermoy. Any residing beyond that district were strangers taken up in the streets, extreme cases, or bad accidents.

"The Hospital contains twenty-four beds, and there are in it four patients at present. The admissions are limited to cases of fever of the continued form."

COVE* FEVER HOSPITAL.

"Admitted in the year ending 31st May, 1833, forty-five cases; of these cured forty-three, died two, remaining in Hospital none; in 1833 and 1834 the admissions forty-five; cured forty, died three, remaining two.

"The extent of the island of Cove is about five and a half miles in its longest diameter, two and a half in its shortest. Population of the town and island 9,600, to which there is a considerable increase of strangers in the summer. All the cases admitted into Hospital are residents of the town and island, or strangers who happen to be there for the purpose of bathing.

"Eight years since I raised a subscription, and laid the foundation of our present Fever Hospital. Previously to the erection of this refuge for the poor in fever, its ravages and consequences were heart-rending and deplorable, in respect to the poor sufferers, and appalling to the community. Many of these unfortunate beings lodged in huts by the ditches and road sides; since its establishment, typhus has *almost disappeared*, and more especially since the appearance of cholera. In the height of that disease we had a Cholera Hospital, but when there were no longer funds, and but a few cases (of cholera) we were obliged to trespass on the Fever Hospital, during which, I believe, three or four cases were admitted, but without any bad consequences."

CORK† FEVER HOSPITAL.

"Strictly speaking, the regulations of the Cork Fever

* Dr. Millet, one of the physicians to the Cove Fever Hospital and Dispensary.

† Dr. Beamish, one of the Fever Hospital physicians, 1833.

Hospital limit admissions to typhus fever only, but our institution has been so much extended of late years, and typhus fever so rare, and we are so anxious to make our Hospital as extensively useful as possible, that we have been in the habit of taking in all febrile diseases, when recommended by a medical certificate. Dysentery is a disease of all others we should refuse, though we frequently get such cases; when attended with fever I have not observed any bad consequences from their admission, nor do we consider the dysentery of Cork contagious. In reply to query six, I am clearly of opinion, that Fever Hospitals, in counties where there are no Infirmarys within miles, when the funds are adequate, and there is sufficient room, and when the circumstances of the patients are such, that they cannot receive proper medical attendance in their own houses, should open their doors to all contagious diseases of whatever description.

“When the Board of Health ceased to exist, we have received cholera cases into the Fever Hospital, and you will see by the returns I send you, that a great many cases have been admitted; we have appropriated forty beds to that disease, but it is generally understood, that should typhus make its appearance to any extent, accommodation for cholera should be had elsewhere.”

“There* were 1,867 patients admitted in 1832; of these 1,625 resided in the city or within a mile of it, and 242 came from beyond a mile, say between two and eight miles.

“It sometimes occurs, that a patient is brought a distance of twelve or fourteen miles, but it is not frequently the case. My opinion is, that cases brought from a distance are generally more severe and tedious than those admitted from the city, but I think this is caused more by their having been long neglected at home, than by any bad effects from the journey.

“Number of beds with sufficient accommodation, 180.”

MITCHELLSTOWN† FEVER HOSPITAL.

“From the 1st of June, to the 1st of September this

* Mr. Downing, House Surgeon-apothecary to the Cork Fever Hospital, 1834.

† Dr. O’Neil.

year, we had thirty fever cases in the Hospital, remaining under treatment five: on an average two-thirds of the fever cases are from the town and its vicinity. The Hospital can contain thirty beds.

TRALEE* FEVER HOSPITAL.

"During the last year 146 patients were admitted into the Hospital who were residents of Tralee; 123 who resided within a circuit of six miles of the town; twenty-six residing eight miles from it, and six who resided more than ten miles, being in all 301 admissions for this year.

"It has happened that patients have been sometimes brought from a distance of fifteen or twenty miles, but not often.

"The Hospital is capable of containing 100 beds or more. There are twenty-five patients in it at present, (September, 1834.) The admissions vary almost every year; sometimes there are between forty and fifty in it at a time. Fever has not raged as an epidemic here for some time, *but the town and neighbouring country is never free from it.*

"There are no medical cases admitted except fever, as the funds for its support are limited to fever cases. Surgical cases are not admitted.†

ENNIS FEVER HOSPITAL.

"Under treatment, (18th February, 1833,) sixteen. Admitted, to the 18th February, 1834, 465; total, 481: of these, 187 were residents of the town and suburbs; 294 resided in the country," i. e. in various parts of the county outside the suburbs of Ennis.

"Beds for active fever, fifty-three; do. for convalescent, nineteen. In Hospital at present, (October, 1834,) forty-four. Cases of common or supposed contagious fever only are admissible."

* Dr. Leyne.

† The query to which this is an answer was put in consequence of a member of the Medical Education Committee of the House of Commons having stated, when the writer of this work was under examination, that surgical cases were admitted into this Hospital, which it appears is not the case.

This information was given me by the intelligent apothecary of the Hospital, with whom I visited it in summer last. The number of patients coming from a greater distance than eight or ten miles is very inconsiderable.

CLONMEL* FEVER HOSPITAL.

"Admitted from the 1st of January, 1834, to the 1st October, 270; 208 of whom were residents of Clonmel and its suburbs, as far as one mile; forty-eight came from beyond one, and not above five miles; and fourteen from five to ten miles.

"The Hospital is large enough to accommodate about ninety patients without crowding. There are sixteen in the house at present. Cases of supposed contagious fever only are admissible, but patients affected with other febrile diseases are occasionally received. When cholera prevailed, the Hospital was entirely appropriated to those affected with that disease, and the few fever patients that occurred were admitted into the new Surgical Hospital."

CARRICK-ON-SUIR† FEVER HOSPITAL.

"From the 1st of January to the 16th of September, 1834, (the day on which I visited the Hospital, and obtained this information,) 338 patients were admitted as interns; of these 202 were residents of the town, and a circle of about a mile around it; fifty-eight came more than one, but not above five miles, and seventy-eight came a greater distance than five miles; twenty-two were cases of bad cholera, thirty-eight were surgical, and twenty-seven non-contagious medical patients. The greater part of the two latter classes were supported in the Hospital at their own expense, or paid for by others, not from the funds of the charity.

"The governors have latterly relaxed the rule which restricted the admissions to supposed contagious fever, in consequence of the number of serious medical and surgical cases that occur in our dispensary district, and its remoteness

* Mr. Hewston, Apothecary to the Clonmel Fever Hospital and Dispensary.

† Dr. Purcell, Physician to the Hospital and Dispensary.

from any county Infirmary ; when fever is not prevalent, we therefore, admit such serious cases. This practice has been found so exceedingly valuable in affording relief to many who never could have gone to any county Infirmary, that our governors are anxious for such an amendment of the Fever Hospital and other acts, as would allow us to make our House of Recovery a district General Hospital, as it is large enough to accommodate sixty patients, and experience has shewn, how perfectly safe it is to have cases of fever in one part of it, and medical and surgical patients in another ; the communication between them being carefully cut off. Though we treated the above number of cholera patients in a separate part of the same Hospital, but under the same roof, and had ten deaths, that disease did not attack a single case that had been admitted with fever, or any other complaint."

TIPPERARY* FEVER HOSPITAL.

"We have eight patients in Hospital at present ; the admissions have been about 130 annually for the last five years.

"The Hospital is capable of accommodating thirty patients. Many cases of an inflammatory nature are admitted ; we are not very particular, unless when the Hospital is crowded with fever patients. The generality of cases are from the town and suburbs ; we do not get one in ten from the country, perhaps not more than two or three in a year ; we have always plenty of room and funds ; several of the governors are anxious to make it a General Hospital."

ROSCREA† FEVER HOSPITAL.

"Report of the number of patients admitted for eleven months, ending the 30th November, 1834 :

"From the town and suburbs	119
"From a circle not extending beyond four and a half miles from Roscrea	116
"Strangers, residence or distance unknown	25
Total	260

* Mr. Morrissey, Apothecary to the Hospital and Dispensary, 1834.

† Dr. William Kingsley.

“Extern cases of fever attended during the same period, 371.

“The Hospital is capable of containing fifty-six beds.

“I am sorry to say that we have had a great deal of typhus and putrid fever here for the last thirteen months. It commenced upon the subsidence of the malignant cholera in February, 1834, and still continues with unabated fury and malignity. Our admissions since the 1st of January last, to this date, (March 24th, 1834,) amount to 113, and we have this day sixty-six patients in the Hospital. So many were brought in from the country, we were obliged to limit* our admissions to within a circuit of two miles of Roscrea; but even with this limit our funds cannot hold out, though the subscribers have in many instances more than doubled their subscriptions this year. In all my experience, *I never witnessed so much poverty, misery, wretchedness, and disease among the lower orders.*”

TEMPLEMORE† FEVER HOSPITAL.

“Admitted in 1833, ninety-nine, of whom sixty-nine were cases of fever, and thirty of cholera. I do not think I receive fever patients from a greater distance than three miles. A greater number come from the country than from Templemore, or its neighbourhood, which I attribute to the *immediate removal of those taken ill near me, whose houses are cleansed and ventilated without any delay.*

“The Hospital is capable of accommodating twenty-four patients; there are only four in it at present.

“Cholera has been treated in my Hospital, and extraordinary to relate, as soon as it appeared, fever subsided.

* “December 4th, 1834. A general and fully attended meeting of the subscribers of the Roscrea Fever Hospital and Dispensary was held this day, when the following Report was unanimously adopted: “The admission of patients from distant and neighbouring parishes, appears to us so increasing and permanent an evil, and has so exhausted the funds of these charities, that we deem it incumbent on us only to *receive patients in future to both these institutions from a circuit of two miles around Roscrea.*

“Should subscribers who reside at a distance wish to continue their subscriptions, their patients will receive advice and medicines at the Dispensary; and on guaranteeing their expenses, they will be also received into the Fever Hospital.”

† Dr. Kingsley.

"We admit none but *fever* cases, except when cholera prevailed."

NENAGH* FEVER HOSPITAL.

"The Hospital is capable of containing eighty beds, the fever wards fifty, the convalescent thirty. There are fifteen patients in it at present. The average of five years admissions was 193. The establishment according to its intention was principally for cases of idiopathic*fever, but other febrile diseases, as pneumonia, &c. &c. are admitted on the score of humanity, when the patients are persons quite destitute. There have always been sufficient funds and room. No surgical cases are admitted, though inconvenience is felt from the want of a surgical establishment in this district.

"During the year 1834, the admissions into the Nenagh Fever Hospital were 303.

" Residents of Nenagh and its suburbs . . .	60
" do. not above five miles distance . . .	114
" do. between five and ten miles . . .	24
" Patients coming a great distance . . .	5
Total . . .	303

"The proportion of mixed febrile diseases, as pneumonia, scarlatina, &c., which we admit when very destitute, is very small; as well as my recollection serves, nine out of every ten cases admitted are contagious fever."

CAHER* FEVER HOSPITAL.

"From the 1st of January, 1833, to September, 1834, the admissions were 133; of these forty-nine resided in Caher and its suburbs, twenty-four came more than one, but not above five miles, and sixty a greater distance than five miles. Several, on being visited, resided at such a distance, that *having no vehicle to carry them to the Hospital, and*

* Dr. McKeogh, Physician, and Mr. Tracey, Apothecary, to the Hospital.

† Dr. Beale, Physician, and Mr. Flynn, Apothecary to the Hospital and Dispensary.

being unable to procure one, they remained in their wretched hovels; and many of those that were brought, only came after a day or two from the difficulty of providing the means of conveyance.

“None but supposed contagious fever are admitted.

“The Hospital is capable of containing forty beds; there are eight patients in it at present.”

CLOGHEEN* FEVER HOSPITAL.

“For the year ending October, 1834, the admissions were 263, of whom 101 were residents of Clogheen and a mile around it; eighty-nine came above one, but not more than three miles; and seventy-three came from a greater distance than three miles; very few came from beyond a distance of five miles? The Hospital is appropriated to cases of fever strictly so called; some years the disease is very contagious, affecting almost every individual of a family in succession, unless removed early to Hospital.”

WATERFORD FEVER HOSPITAL.

“The Waterford Fever Hospital,” Dr. Connolly, the senior Physician, writes, “was established in 1799, but after some years was found too limited for the number of applicants. The present house was erected in 1816. It is capable of accommodating 130 patients, but has been occasionally found insufficient for the numbers seeking admission; which inconvenience was remedied by having a few wards of the Leper Hospital appropriated to the reception of fever patients. From its foundation, 27,500 have been admitted.”

Mr. Flynn, the resident apothecary, informs me, that “in 1833 there were 156 fever patients, and fifty affected with cholera, admitted; of these 178 were residents of Waterford, or within a mile of it. I ascertained that eighteen of the fever patients were brought from a greater distance than five miles, and that the whole of the cholera cases were from the city.”

* Dr. Gallogly, 1833, and 1834.

This Hospital is intended for fever exclusively, but of course mixed cases are sometimes admitted.

DUNGARVAN FEVER HOSPITAL.

I have ascertained from good authority, though I am not at liberty to give the name, that "we have at all times had fever here. The Hospital was established in 1817; it is capable of holding twenty beds, but when fever was epidemic, we had forty at a time in it. On such occasions it was crowded to excess, and in many instances we had to refuse admissions to fit cases. Fever only is admitted; there are six now in the Hospital. For three years, ending 1833, the admissions were 430. The three-fourths came from within a distance of three miles."

DUBLIN* (CORK-STREET) FEVER HOSPITAL.

"From the 9th of October, 1833, to the 9th October, 1834, the Hospital admitted 4,771 patients; all are supposed to reside in the city, or at least within the lamps; those who live beyond that distance are inadmissible, but are rendered so by being brought into the Hospital district, i. e. as far as the lamps extend. There are some so admitted, but the number is very inconsiderable.

"The Hospital is intended for supposed contagious fevers, but almost every febrile disease is freely admitted."

HARDWICKE† FEVER HOSPITAL.

"It contains 144 beds, and admitted 1,403 patients in 1833. In the month of August last, the admissions were 182, of whom 165 resided in the city, and seventeen in the county of Dublin. Fit cases are admitted, no matter where they come from."

* Mr. M'Heale, Apothecary to that institution.

† Mr. Carey, Surgeon-apothecary to the House of Industry.

MEATH (COUNTY OF DUBLIN) HOSPITAL—FEVER WING.

The fever wards of this Hospital contain thirty-five beds. "About two-thirds of the patients, surgical and medical, admitted into the entire Hospital, are from the city and liberties, the remainder chiefly from the county. The fever patients are admitted at once without recommendation."*

CASTLEPOLLARD† FEVER HOSPITAL.

"Admitted in 1834, forty-three patients, twenty-five of whom resided in the town, and within two miles of it; between two and five miles, fourteen; above five, but not more distant than ten miles, two; and at a greater distance than ten, two. Cases of supposed contagious fever only are ad-

* When visiting the other Dublin hospitals last year, I called at the Meath, and requested to know from the apothecary, if he had delivered the medical gentlemen connected with it a circular, which, some weeks before, I had sent him for that purpose. He informed me, that he put it into their hands, and *was desired by them not to give me any information whatever.* Thinking it more likely that his instructions had been received from only one or two of the Hospital practitioners, than that the whole should have concurred, at least such men as the Surgeon General, and Drs. Graves and Stokes, I addressed a letter to the Medical Committee, stating the answer Mr. Parr had given me, and requesting to know if I were to consider it as theirs. This letter I took care to put into Dr. William Stokes's hands, requesting that he would lay it before his colleagues at the Hospital. A gentleman, who lately called on Dr. S. was informed, that he had given my letter to the Medical Committee, but no answer has been returned; so that I find Mr. Parr did not exceed his instructions, in refusing to give me any information. Being disappointed in this way, I applied to a medical gentleman now practising in Dublin, whom I knew to have been for some years a pupil of the Meath Hospital, and well acquainted with its arrangements, to give me such information respecting it as his acquaintance with the Hospital might enable him to afford. The above statistic is an extract from his letter. It is rather singular, that at every other Dublin Hospital, the physicians and surgeons shewed the greatest readiness to give me all the information in their power. Several, as Mr. Cusack, Surgeon of Stevens', and Mr. Gasen, the Surgeon-apothecary, Drs. Jacob, M'Adam, and Houston, at the Baggot-street Hospital, Dr. Osborne at Sir Patrick Dun's, Dr. O'Beirne and Mr. Carey, at the House of Industry, and Mr. Campbell, the House Surgeon at Mercer's, not only supplied me with the returns I wanted, but gave me such documents as they thought likely to assist me in the work they found I was engaged in. I am particularly indebted to Dr. M'Adam, Dr. Jacob, and Dr. O'Beirne, and to Mr. Cusack, for their kindness on this occasion.

† Dr. Kenny.

mitted, but on a number of countrymen being wounded here in an affray with the police, and on the occurrence of cholera, the Hospital was used for both, being then nearly empty.

“The limits of the Fever Hospital district are between three and four miles, and it is the wish of the subscribers, that we confine the advantages of the institution as much as possible to the poor residing on the property of subscribers, and living within these limits; but we are frequently obliged to deviate from these rules, when cases of great urgency present themselves.

“The earlier attention can be paid to fever cases, and the shorter the journey to the place of accommodation, the better, I believe, their chance of recovery. This refers, however, to persons with scanty clothing, and circumstanced as the poor here are.”

NAAS* FEVER HOSPITAL.

“The admissions during the past year were ninety-nine, of whom six came from beyond a distance of three miles, the remainder resided in Naas, and within that circle; none come as far as ten miles. The Hospital contains twenty-three beds; there are six patients in it at present. Our funds are just now sufficient to enable us to admit all fit cases—contagious fever—but the institution has been twice or thrice closed for want of funds since my appointment (in 1821.)

“In February last, a full meeting of the committee convened for that special purpose, entered a unanimous resolution on their books, to enlarge the Hospital with wards for the express purpose of admitting such bad surgical and non-contagious medical cases, as occur in the town and neighbourhood, but want of means or funds prevents its being put into operation. Shortly after my appointment, I urged the necessity of such a plan, and the experience of every successive year convinces me of the necessity of pressing its adoption.”

FRESHFORD† FEVER HOSPITAL.

“None have applied for admission outside a circle of five miles from Freshford; in fact, very few four miles outside the

* Dr. Walsh.

† Mr. J. Scully, Treasurer.

town. No patients are admitted but contagious cases, that is fever and cholera; and we had at one time some cases of fever and of cholera in Hospital which recovered.

"The Hospital contains thirteen beds; there are twelve patients in at present, (September 1834.)"

CARLOW* FEVER HOSPITAL.

"114 patients were admitted in 1834, of whom sixty-six were residents of Carlow and its suburbs, as far as one mile; twenty came a greater distance than one, but not more than five miles; and twenty-four came from beyond five miles.

"No case has been refused admission since I undertook the management of the Hospital.

"All febrile diseases are admitted, whether idiopathic or symptomatic.

"The Hospital was first established by subscription, and the grand jury gave £200, which sum has been annually paid by the county, and found sufficient; since the first year, the subscribers have not been called on to contribute.

"The Hospital has nineteen beds, and is capable of containing twenty-four." There were ten patients when I visited it in January last.

TULLOW† FEVER HOSPITAL.

"I have admitted into the Hospital within one year 101 cases; of this number seventy-eight were from this town and immediate neighbourhood; the remaining twenty-three from a distance varying from six to eight miles. Patients are sometimes sent to the Hospital, a distance of ten or twelve miles, but, perhaps, my being a native of this neighbourhood, may cause a predilection for the Hospital, which contains a full complement of twenty beds."

ENNISCORTHY‡ FEVER HOSPITAL.

"Fever patients admitted in 1832, 160, in 1833, eighty-five; of the latter forty-four were residents of Enniscorthy,

* Dr. Stone.

† Dr. Burnett.

‡ Dr. Wilson.

and a circle of about a mile around it. Beyond one, and not above five miles, thirty-nine; beyond five miles, two.

"We only admit cases of supposed contagious fever.

"The Hospital is capable of holding forty beds; there are five patients in it at present."

WEXFORD* FEVER HOSPITAL.

"In Hospital on the 1st November, 1833, four; admitted during the year, 299; died nineteen: remaining on the 1st November, 1834, sixteen. Admitted from the town and immediate vicinity, 211; from a distance of one mile, thirteen; of two miles, thirty; of three miles, five; of five miles, twenty-six; of six miles, three; of seven miles, six; of eight miles, two; of nine miles, one; of twelve miles, six patients; total 303.

"The mortality in our Hospital appears very great, but you will be less surprised at it when you are informed, that we never refuse admission to any case though obviously dying. Fever is always more or less here, either as an epidemic or an occasional disease; we also admit serious cases of the exanthemata, diarrhœa, and dysentery, which at times prevail epidemically here; and, when there is room, medical cases of any class. The Hospital contains more than sixty beds."

NEW ROSS† FEVER HOSPITAL.

"The population of the parish of St. Mary's is 7,532. Our district is confined to the parish, and such places as the representatives of the Houghton family wish to recommend from; yet cases of accidents or emergencies coming from any part of the country are also admitted. Almost all the patients within the last year were surgical or non-contagious medical cases, for which four wards were erected in 1816. No part of the county of Kilkenny is within our district."

* Dr. Cardiffe.

† Dr. G. Kavanagh.

STRATFORD-ON-SLANEY* FEVER HOSPITAL.

“For seventeen years, ending 1833, the Hospital admissions amounted to 3,135, averaging $184\frac{1}{2}$ per annum, and the deaths, during the same period, to 132, making $8\frac{1}{7}$ per annum. The greatest number admitted in one year (1827) was 482; the smallest (in 1833) fifty-six, the proportion ranging, each year, from the latter to the former amount, according as fever happened to be more or less prevalent.

“Of the fifty-six cases admitted in 1833, forty-four were residents of a circle of five miles around the Hospital, twelve came from a greater distance. Many of the patients were in a hopeless state, some moribund, on admission. The Hospital contains forty beds.”

ABBYLEIX† FEVER HOSPITAL.

“The number admitted during the last year was eighteen; fifteen from the neighbourhood of Abbyleix, and three who were strangers. Patients are sent four miles in some cases. If there were funds, there is room enough in the Hospital to accommodate all the fit cases of the district. I am convinced, many who now remain in their miserable cabins, would gladly avail themselves of the benefits it would then be capable of conferring.

“The Hospital could accommodate thirty patients; there are only three now on the books.

“The Fever Hospital here has never received any county presentment. In 1817, 1818, 1819, and 1820, when typhus was very prevalent, it was supported in every necessary by Lord De Vesci, and often had thirty patients in it, but since typhus has become less prevalent, the patients have been only allowed Hospital room and a nurse tender; *their friends provide every thing else for them.*

“*We endeavoured to get a county presentment, but could not; nor does the grand jury present for any Fever Hospital in this county.*”

* Dr. Heath.

† Dr. Boxwell.

ARMAGH* FEVER HOSPITAL.

“The Armagh Fever Hospital, to which I am physician, is a private charity, built and supported by his Grace the Primate. The rules restrict the admissions to the inhabitants of the city, but in several instances I have felt it a duty to admit creatures who had been drawn six or seven miles to the county Infirmary, but who could not be received there, from being inadmissible, who had no home or friends to take charge of them, as in the case of servants, &c., to whom the carriage back would have been certain death ; also strangers, as labourers returning from England or Scotland, and taken ill on the way. But in all other cases the corporation limits our admissions. The Hospital contains thirty beds fitted up in the best manner.”

MIDDLETON† (COUNTY ARMAGH) FEVER HOSPITAL.

“This Hospital and Dispensary have been only established for the last year. The institutions are erected on the late Bishop Sterne’s estate, for the relief of its sick poor only, and are not at all connected with county business ; therefore, we have no subscribers. Since my appointment, about twenty cases of fever occurred, and that during the last month ; they were all treated as external patients ; none died ; and none were taken into Hospital. The estate extends about two and a half miles, and none outside it will be admitted. During the last year, upwards of 1,000 received advice and medicines at the Dispensary, and nearly 300 were visited at their own houses.

“None but cases of contagious fever will be admitted into the Hospital.”

NEWRY‡ FEVER HOSPITAL.

“All the patients have been either residents of Newry, or within a circle of a mile around it ; the regulations of the institution, from the poverty of its funds, necessarily restrict-

* Dr. J. Colvan.

† Dr. Reynolds.

‡ Dr. Morrisson.

ing the admissions. It is capable of containing about fifteen or sixteen beds.

"The funds are very far indeed from being adequate to support such a charity in such a town and neighbourhood as Newry.

"We have a small ward in the Hospital, which is solely allotted to bad accidents. It is only capable of containing three beds, and is, therefore, totally insufficient for the accommodation of the number of applicants for admission, as the county Infirmary at Downpatrick is so far distant. Fit cases for admission are frequently refused.

"The inconvenience felt from the want of an Infirmary here is beyond description. One Infirmary, no matter of what extent, is quite inadequate to the wants of such a county. The greater number of the severe accidents, unless occurring in its immediate vicinity, can never be removed to it; *the fit cases from the remote parts of the county*, (speaking from my knowledge of this town and neighbourhood, twenty-four miles from Downpatrick,) *are just those that cannot be sent to it*; its distance and want of accommodation rendering it morally impossible to effect that good throughout the county for which the Infirmary was intended. I can positively and decidedly say, that almost daily instances come under my notice, when the most serious consequences result from the want of a proper General Hospital in this town, and there can be no doubt whatever, but other places of the same extent, and similarly circumstanced, must share the same fate."*

CAVAN FEVER HOSPITAL.

Dr. M'Donald reports, that "the Hospital is capable of containing thirty beds; there are sixteen patients in it at present, (February, 1835.) In 1834 the admissions were 158; of those forty resided in the town and suburbs, sixty-

* That part of Dr. Morrisson's letter which relates to want of Infirmary accommodation in Newry, is so valuable, that I have here inserted it, though not immediately connected with the Fever Hospital part of the subject. The printed Report of this gentleman's Hospital and Dispensary, which now lies before me, is a proof, that he is not only talented and industrious, but a man of close observation, and one whose opinions and suggestions are entitled to considerable weight.

five came from within five miles, and fifty-three a greater distance than five miles.

“Fever patients are admissible from all districts in the county, and are received without distinction or recommendation. None have been ever refused for want of funds or room, though the former have been often very limited. Cases of pneumonia, measles, small-pox, and other inflammatory diseases, supposed on admission to be typhus fever, have been often received.”

COUNTY OF DERRY INFIRMARY.

Dr. Rogan, Surgeon to the county of Derry Infirmary, states, that “the fever wards of that institution were fitted up about fourteen years ago. Before that, no fever patients were admitted, and since, they have been sufficient for the reception of all that offered. All cases of fever are admitted without the recommendation of a governor. The wards contain twenty-four beds, and form a part of the building, but have no internal communication with the rest of it; and fever has never spread from these wards to the other patients.

“Almost all the fever patients come from the city and suburbs. I believe, that not two cases in the year are brought from the distance of a mile.”

BELFAST GENERAL HOSPITAL—FEVER WING.

“A large portion of the expenditure is caused by the reception of surgical and medical patients, who are received when a decrease of fever leaves room for the admission of such patients.”—*Parliamentary Report*, 1832.

“About* fifty beds in our Hospital are appropriated to fever patients; they are in separate wards. Fever is occasionally propagated by the introduction of chronic cases into the fever recovery wards. There is no direct communication between the fever, chronic, and surgical patients, except the large halls. The latter class are kept on a floor of

* Dr. Coffey, one of the Physicians, and Professor of the Practice of Medicine.

the Hospital totally by themselves ; we very seldom have any fever there. The patients are from the town of Belfast almost entirely."

SECTION II.

ADVANTAGES OF FEVER HOSPITALS IN IRELAND.

The advantages hitherto derived from Fever Hospitals are chiefly the following :

1st. About sixty-eight institutions have been established for the reception of fever patients in different parts of Ireland ; fifty-seven of which admitted in one year 17,613 cases, the remaining eleven, probably about 2,500 more ; total 20,113.

2nd. The removal of these cases to Hospital must have been the means of preventing an equal number, perhaps a much greater, from being attacked with fever, and, consequently, of saving the lives of at least as many as died in Hospital, viz., about 957.

3rd. Their support in Hospital preserves a considerable number of families from becoming paupers, for it is a notorious fact, that when fever once attacks two or three members of a poor family, pauperism and mendicity are the consequences, as they are obliged to pawn or dispose of their clothes, and any little furniture they possess, to obtain food and drink during such illness, when the sick are not sent to Hospital.*

4th. The medical officers of these hospitals, when under judicious regulations, possess the best possible opportunities of making themselves acquainted with the nature and treatment of fever, being able to watch the commencement, acmé, and decline of each epidemic, and of ascertaining at an early period the practice most likely to be successful.

* "Admission to the Cloumel Fever Hospital can be had for any patients in my district, able and willing to go there, but I find many who will not consent to leave their friends, and often several members of the same families get fever, one after the other, by which I have known some families to be utterly ruined, partly from the loss of time and neglect of their business, and partly from the expense which their scanty funds so badly enabled them to bear."—Dr. Hallaran, Physician to the Drangan and Newcastle Dispensaries. Similar accounts are given by many other Dispensary surgeons.

These advantages are capable of being extended to a far greater degree than hitherto, were the gentry of those districts, in which there are no Fever Hospitals, or only insufficient ones, to subscribe for their support, and proper steps adopted to enable medical practitioners to attend these charities.

SECTION III.

DEFECTS OF FEVER HOSPITALS.

1st. In failure of the subscriptions of the more wealthy classes, (which are a *sine qua non* for the establishment or support of more than one Fever Hospital in any county,) there are about 209 towns in Ireland, each with a population of from one to 17,000, in which no such institution has been yet erected. And, as Fever Hospitals have been only established in sixty-eight places, (in some of which, I have reason to believe, they are not now supported,) and only afford aid to a population of about 1,563,000 in the districts immediately surrounding them, (as will appear by Table No. IX.) it must be a great defect, that the remaining population of Ireland, connected with those 209 towns and the surrounding country, is totally cut off from all possibility of access to such charities.

2nd. As the establishment of these institutions generally depends on the countenance and support of one or more influential individuals, it generally happens, that Fever Hospital aid is not afforded to the sick poor in the least wealthy towns and situations, in fact, in those places which most require it, as may be seen by an inspection of those cities and towns in which they are, and are not established.

3rd. The want of some agency, or fixed regulation, by which each existing Fever Hospital should be made available to such fever patients as choose to be admitted, is another serious evil. For instance, I am well acquainted with two Fever Hospitals, supported by subscriptions and county presentments, which, for want of some such regulation, are much less effective than they might readily be made. They are about ten miles asunder; one on the property of a resident, liberal, and charitable nobleman; the second on that of another of great worth and humanity: they are on the borders nearly of two adjoining counties. Between the proper-

ties of these two noblemen, that of a third intervenes. The latter does not subscribe to either institution, though really good and charitable to those immediately about him, and his poor tenantry, when ill of fever, are refused admission into both hospitals, though living within a few miles of each. But still more strange, such of the tenantry of one of the two noblemen first alluded to, as reside beyond three or four miles from the town in which he himself erected, and by his princely subscriptions, supports a Fever Hospital, are actually refused admission into it by the local subscribers or committee, on the plea of there being no subscriber in their district to recommend them; nor are they admissible to the other Fever Hospital for the same reason. These refusals have occurred when there was neither want of room nor of funds at both institutions. Another instance, amongst many which have come to my knowledge, deserves notice. In a neighbouring county, there are two Dispensaries in two tolerably wealthy towns, each surrounded by a number of resident gentry. They are only three miles asunder; in one there is a Fever Hospital, from which the fever* cases of the dispensary district attached to the other town, are most carefully excluded by the regulations of the governors. This Hospital is more than commodious enough to admit the pauper fever cases of the two dispensary districts; yet the governors of both have never yet come to any arrangement or understanding on the subject.

4th. Even in the few counties in which Fever Hospitals

* "There is no Fever Hospital attached to our Dispensary; the nearest is three miles distant, from whence our fever cases have been most carefully excluded. Fever has been more or less severe here since 1824; in the autumn of 1828, it raged with extreme violence; there being no asylum whatever, temporary huts were erected *by the friends of the sick*, into many of which whole families were put, consisting of from five to twelve individuals: these huts were composed of the most wretched materials, and the interior (about ten feet by six) beggars all description. Many were lost in these places for want of proper ventilation, and from an accumulation of every kind of filth—comforts we only knew by name—even to a drink of whey. The result of my attendance on these squalid abodes of wretchedness was, that I took fever, of which I recovered with difficulty.

"After the prevalence of this frightful epidemic, or rather when its frequency and severity were beginning to subside, a subscription was entered into by the surrounding gentry and the inhabitants of the town, for the erection of a fever asylum. The money was collected, application made to the county, (grand jury,) but from some informality, the application was refused, and the affair then dropped, and has not since been renewed."—*Extract of a Letter from the Medical Attendant of the Dispensary alluded to.*

are perhaps sufficiently numerous, viz., Tipperary and Wexford, having been established at certain places rather by chance than on any fixed principle of convenience to the majority of the population, it will be found, on examination, that considerable towns and districts are so remote from any of these institutions, as to be unable to derive the slightest advantage from them. There are, for instance, nine Fever Hospitals in Tipperary, each receiving county aid ; they contain accommodation for about 400 beds, or an average of forty-four beds each ; and were these Hospitals distributed in proportion to the population of each district, that number of beds would be amply sufficient, by proper management, to receive, on all ordinary occasions, at least, such cases as would require admission. But, as now circumstanced, they are not, and cannot be effective. From Clonmel to Templemore, in each of which there is a Fever Hospital, the distance is thirty miles ; in this line, or near it, are the towns of Fethard, Cashel, Mullinahone, Killenaule, Thurles, and Borrisoleigh. I venture to assert, that of every 100 fever cases occurring amongst the poor of this immense and populous district, two are not sent to any Fever Hospital. Very few come to the Clonmel institution, as the statistical table will shew, from beyond five miles ; none to that at Templemore, beyond three or four, and there is no other to which they could be sent. The population of this district comprises more than half that of the county, viz., above 200,000 souls. Again, there are seven Fever Hospitals in Wexford ; but I could shew, with almost mathematical accuracy, that from more than half the county a patient is never admitted into either, even when fever rages as an epidemic.

5th. Fixing the site of Fever Hospitals in county towns. The want of consideration shewn in this respect almost exceeds belief. When the Infirmary has been established in a county town, the inhabitants, though unable to send fever cases into it, can obtain admission for almost all other urgent or febrile diseases, as far as funds and room admit ; and, consequently, are thereby the better enabled to support such pauper fever patients as are ill amongst them. Not so with towns at a distance of eight, ten, or fifteen miles, the inhabitants of which derive so little advantage from the more remote Infirmary. When, therefore, a Fever Hospital was about to be established, ought we not to expect, that in place of erecting it in the same town with the Infirmary, it would be built at some distance from it ? In Antrim, for instance, I have

shewn, that its Infirmary, at Lisburn, can be of little or no use to the central or remote parts of that extensive county; yet the same place has been lately selected for the establishment of a county Fever Hospital. The same we find to be the case with Clare, Cavan, Kerry, &c., in which both Infirmary and Fever Hospital are established in the same town. But this erroneous principle, or practice, is still more striking, when, as happens in some instances, the whole annual expenses of the latter charities are defrayed by the county at large, though it is notorious, that their advantages are only enjoyed by the inhabitants of a very limited district.

6th. The regulations of the managing committees are in many instances injurious to the sick poor. Some appoint too few medical officers, and intrust to them duties physically impossible to be faithfully discharged. Hence, the medical attendant is either obliged to neglect some of the patients, or to send many cases into Hospital, which ought never be removed from their residences, as I shall shew hereafter, at an increased expense to the public. The regulations of some committees are actively injurious, of others only passively so; for instance, some refuse to admit any patients unless accompanied by a medical certificate, yet they omit to take such measures as would insure, that those within a moderate distance of their medical officer should be visited by him. There are, I believe, very few places in which the committees have made any provision for the removal to Hospital of such persons as have fever, and are unable either to walk there, or to procure a vehicle to carry them; and we have abundant proof, that for want of some such provision, many are obliged to remain in their wretched cabins, though most anxious to go to Hospital.*

* During the epidemic fever of 1826, 1827, the writer of these pages was greatly struck with the injury arising from the want of some vehicle for this purpose in this town. Almost every day, it was usual to see patients far advanced in fever of the most decidedly contagious kind, carried or supported to the Hospital by their relatives or neighbours. At one time a wretched old man or woman would be seen tottering under a boy or girl, too heavy for his or her strength to carry, and inhaling the infection at every breath. At another, one or two relatives or neighbours were met supporting a man or woman, whose sunken, cadaverous countenance, and the foetor arising from the patient and his clothes, but too plainly shewed, that those who charitably did so, ran great risk of taking the disease. He, therefore, suggested to the Managing Committee, the necessity of having a donkey, with a large car, provided for the removal of such persons; but to this day nothing has been done to remedy the evil, though the funds have been so abundant, that some six or £800 have been usually in hands above the annual expense.

SECTION IV.

ADVANTAGES AND DEFECTS OF DISPENSARIES IN IRELAND.

It is stated in the Report of the committee on the state of the Irish poor, published in 1830, that "nearly 400 Dispensaries have been established in Ireland, affording relief annually to upwards of half a million of persons." If that statement be made from correct *data*, which, from the talents and industry of the Right Hon. Chairman, we may fairly assume to be the case, these institutions have greatly increased since that period, for I am in possession of information which shews, that in twenty-four counties from which I have had returns, there are 373 Dispensaries receiving county presentments, beside many others, which, from the forms necessary to be complied with under the late grand jury bill, having been neglected by the Dispensary treasurers in several counties, and from other causes, have not obtained any public grant in 1833 and 1834. From forty-seven Reports of Dispensaries not selected, but taken at random, I find the *maximum* number of patients attended at any of these institutions, to be 12,062, the *minimum* 733 in one year, and the *mean* of the entire forty-seven, 2,752: so that if there be 500* in the kingdom, the number to whom relief is annually afforded by Dispensaries alone, is probably not less than 1,376,000† annually. And as these 500 are attended by perhaps 750 medical officers, (including the apothecaries, who in several instances are very usefully employed in visiting the minor cases, or those in the commencement of any illness,) many of whom are practitioners of great talents, industry, and humanity, the sum total of the advantages conferred by means of such institutions must be very great, not-

* When I computed 518 to be about the total number of county Dispensaries, I was not aware that those in Mayo had been altogether discontinued, or that so many in other counties had been refused presentments under the late grand jury act.

† From the plan adopted at several Infirmaries and Dispensaries, of entering each applicant for advice or medicines as a *new* case, and at others, of only entering each person *when recommended* by a subscriber, no accurate account can, at present, be had of the real number of patients attended at these institutions.

withstanding the general defects of the whole, and the gross mismanagement and inefficiency of several.

1st Defect of Dispensaries.—As in the case of fever hospitals, these charities cannot be established or supported by county presentments, until local subscriptions are first made and lodged in the hands of a treasurer; and as this can only be done through the exertions of the wealthier classes, whenever these omit doing so, the sick poor are deprived of Dispensary assistance. Hence, even at the present day, there are numerous districts in Ireland, in which they are so circumstanced, though in others they appear to be sufficiently numerous.

2nd. The districts of some Dispensaries are much too populous* and extensive, for the number of medical officers in charge of them, and others, the reverse, in a very remarkable degree. In the former case, the sick poor cannot be attended,† and it is notorious, that in such places they are

* The town in which I reside is as good an instance of this as could possibly be given. Until within four or five years, its Dispensary district comprised a circle whose diameter was at least twelve miles, with a town population of 17,000, and the entire population not under 40,000. For the whole of this immense district, there was one medical attendant, who is also physician to the Fever Hospital, in which I have known no less than eighty patients at a time under this gentleman's care. The district is now narrowed, but still cannot contain less than a population of 30,000, and would give ample employment to two, perhaps to three medical officers. *Not one-half the sick poor of that district ever was, or ever can be, attended by a single individual*, even though he had the physical powers of a Hercules. This fact has been repeatedly told the Managing Committee; yet matters still remain in *statu quo*, and probably will, until some legislative regulation force a change of system, of which it appears the governors alone cannot see the necessity.

† When a Dispensary district is too populous and extensive, though the medical officer perform his duty faithfully, a great proportion of the patients most in need of his assistance must be deprived of it. He must receive patients at the Dispensary on the fixed periods, in some, every day; these, whether sick or otherwise, he must *hear*; and as the number is often fifty, sixty, or more, the loss of time even in *hearing* them, in prescribing for the cases which require assistance, and, if he have no apothecary, in preparing medicines for them, cannot be very small. Having finished this duty, his visits then commence; and if he have patients at different and distant points of a district of six, eight, or ten miles, how is it possible for him to visit those who are unable to wait on him, (and who, let it never be forgotten, are those that most require his attention,) in a season of sickness, or even the number that must occur on ordinary occasions? Mental energy and physical powers have their limits; as far as these admit, such gentlemen do their duty; where they fail, the remaining sick poor must be unvisited. Has it never occurred to the governors of public charities, that when a medical officer has confessedly more duties intrusted to him than he can possibly discharge, whenever he chooses to be negligent he has an excuse which cannot but be admitted as valid, viz., he attends all he is able, and neither time nor strength will allow him to do more?

not ; and in the latter, the public generally pay too high for the quantum of labour performed.

3rd. The salaries of the medical officers are quite disproportioned to the duties they have to perform, or do perform ; some being very inadequately paid for very laborious and efficient attendances ; whilst others are highly paid for doing the duty of small districts, or for visiting their Dispensaries on two or three days in each week, whilst residing in some town at a distance of many miles. For instance, I am well acquainted with two Dispensaries, quite contiguous to each other, the medical officer of one receives £60 a year for attending a population of about 9000, spread over a district of nine miles by five ; whilst the other Dispensary Doctor gets £120 a year for vastly less duty, in a much smaller and less populous district. And, lest it should be supposed the latter is paid according to his supposed merit, it may be necessary to state, that the former is one of the best educated, talented, and industrious of his class in this or any other country. And again, the surgeon of a Dispensary who resides in a large town, five or six miles from his district, which he visits only three days a week, is paid £80 a year ; whilst another, residing in a country place, where he can have but little practice, and few comforts, with difficulty gets the same amount of salary ; yet I am confident he confers more benefits on the sick in one month than the other does in a year.

4th. The non-residence of the medical attendants of Dispensaries in their respective districts is another defect which requires notice, though the practice cannot be discontinued until a uniform and general plan for the establishment and support of such institutions is adopted ; because there are many districts in which there are but few resident persons sufficiently wealthy to contribute funds ; and others so circumstanced in regard to boundaries, &c. as to be in a great measure isolated, and therefore containing too poor, or too small, a population to enable them to pay a competent medical officer, were he to reside. It is therefore better for the sick poor of such districts that a non-resident practitioner shall visit them two or three times a week, even though he cannot possibly attend one-half the cases that require his assistance, than to be entirely deprived of medical attendance. But whenever the medical officer can be fairly paid, residence ought to be rigidly enforced, for it is utterly impos-

sible for any medical man living at a distance of some miles, and perhaps a good deal engaged in private practice, to do any thing like justice to the bad cases of a Dispensary district containing a population of six or eight thousand persons.* Numerous instances of great suffering, inconvenience, and even loss of life, arising from the absence of the non-resident Doctor, could be given, but the practice is altogether so evidently indefensible that it would be waste of time to use arguments in its condemnation, except in the instances alluded to.

5th. In some cases incompetent persons are appointed to attend Dispensaries, not from want of a sufficient supply of well educated and fully competent medical men, but from private influence, favouritism, &c.: for instance, an apothecary's apprentice, who, of course, has no medical or surgical degree, resides on the borders of two adjoining counties, and attends a Dispensary in each, for which he is well paid. Another Dispensary had a medical student lately appointed as its attendant, in opposition to a regularly educated surgeon; and one of the best in an eastern county is attended by one who never stood the test of any examination.

6th. The evils arising from the present mode of appointing the medical attendants of Dispensaries and other medical institutions have been latterly very great, and unless checked must soon lead to the breaking up of many of these valuable charities. In numerous instances which have come to my knowledge, political and religious feelings appeared to influence the subscribers, to the complete exclusion of any consideration for the objects of the charity; and, as these prejudices (I state it with great regret) have latterly increased in a very unusual degree, it requires but little foresight to be able to predict the injurious consequences of such a state of society on our medical institutions. I could give numerous facts in proof of this opinion, but a few will be sufficient; some of them occurred before, others since, the passing of Lord Westmeath's bill in 1833, and Mr. O'Brien's in 1834,

* I have had several opportunities of knowing that the establishment of this class of Dispensaries is an actual injury to the sick poor of their districts, for previously the gentry employed their own family practitioners when any of their poorer tenants or neighbours were ill; but this practice has been discontinued on the getting up of the charity; and when the medical officer is irregular in his attendance, it is evident that the change has not been a beneficial one to the sick.

making the payment of a guinea subscription necessary to be entitled to vote at the elections of the medical officers.

At a triennial election for two physicians for the Waterford Fever Hospital, four candidates offered, two Protestants, the same number of Catholics; for the three previous years the situation was filled by a Catholic and a Protestant, both talented, industrious, and in every respect unexceptionable, and giving general satisfaction. Hitherto the institution was chiefly in the management of the Protestant and Quaker gentlemen of the city and neighbourhood, either from their being subscribers in a greater proportion, or from having devoted more of their time and attention to it. Shortly after the celebrated election for the County Waterford, at which Mr. Villiers Stuart broke down the strong hold of one of the most powerful families in Ireland, and whilst political and religious feelings of the strongest kind influenced the whole community, a day was appointed for the Fever Hospital meeting. But in place of the good sense and harmony which had hitherto marked the conduct of both parties of the governors, (i. e. the Protestants and members of the Society of Friends, and the Catholics,) and which had induced them to select one medical gentleman from each side, two Protestant and two Catholic candidates appeared in the field. Both parties of governors were nearly balanced, and each had exerted themselves silently, but actively, to increase the number of their friends. The matter excited great interest, especially as an attempt was about to be made at each side to displace the medical practitioner of the opposing party, who was known to be decidedly the most fit and proper person to be re-elected at that particular period. Chance decided in favour of the Catholics, and in a very extraordinary manner. The clergy of that persuasion are in the habit of meeting occasionally in Waterford for ecclesiastical purposes, and this happened to be the period of their meeting for that year. The Fever Hospital election was of course spoken of, for profane matters cannot be always kept out of view; twenty-one Catholic clergymen residing in different parts of the Counties of Waterford and Tipperary went to the hospital meeting, and paid their subscriptions, and the two Catholic physicians were returned exactly by the same majority as the number of votes given by these gentlemen. I have heard many declare that this circumstance produced nearly as much bad feeling in that city and county as the previous election of Mr. Stuart. A considerable number of the governors ceased

to subscribe, and were fever very prevalent since, the loss of funds must have been considerable. It is but right to state, however, that the two medical gentlemen appointed were very fit and competent, and that the gentry of this country, as a matter of mere self-interest, are obliged to contribute when fever becomes epidemic and dangerous to themselves.

A Dispensary in the County of Wicklow became vacant in the summer or autumn of 1833; two parties (I regret to state that I must designate them Protestants and Catholics) supported two different candidates; each expended a good deal in making new voters, but from some cause the latter party prevailed, though one of the former, in relating the circumstances of the election, informed me that he himself was intrusted with a sum of no less than £800 to enable him to carry the election. Shortly afterwards a vacancy occurred in the Hacketstown Dispensary, in the County of Carlow, a small village on the borders of the County Wicklow; a meeting of the subscribers was held, (in September, 1833—the Marquis of Westmeath's Act received the royal assent in August,) at which a considerable number of people (strangers) appeared, most of them members of an Orange lodge, for the purpose of subscribing (a month after a bill had passed for the express purpose of preventing such practices) and voting in a medical friend. The chairman, one of the most respectable magistrates in the county, and one whose subscriptions and influence had been mainly instrumental in supporting the institution, showed them the act of parliament, framed, as he said, to prevent such a proceeding, and of course refused to receive their votes. The strangers retired to the house of a friend—entered on business—and actually nominated their man as the medical attendant of the Hacketstown Dispensary. The old, I may fairly call them, the *legal* subscribers, appointed a very talented and highly educated gentleman, and put him in possession of the institution, which he conducted in the most satisfactory manner. Thus, two Dispensaries were in operation; applications for presentments from both came before the next grand jury, which in that county is suspected, I know not with what truth, of strong political feelings; the new subscribers got the presentment—the original institution was refused. I have had this account, with very slight shading, from the two parties that took a share in this election, but thinking it almost incredible that such a circumstance could have occurred, I wrote to the gentleman

that presided at the meeting, who informs me that it is quite true.*

The subscribers of a Dispensary in a southern county a few months ago appointed a person who had no degree, and who never was in practice, to the exclusion of others fully qualified, and well known to be very competent; on this occasion new subscribers took a share in the election, Lord Westmeath's Act notwithstanding; and though the subject may come before the grand jury, and there is a chance, and only a chance, that justice may be done, the institution must suffer from the collision of parties, and the bad feelings produced in the neighbourhood.

The governors of a county Infirmary paid their resident apothecary £80 a year; his duties were, after having done the hospital business, to visit such sick poor in the town and neighbourhood as required his assistance, a practice which for many years was found very beneficial, there being no Fever Hospital or Dispensary in or near it. The apothecary, after some time, applied to the governors for liberty to be allowed to open shop in the town, and, of course, to discontinue his residence in the Infirmary. A majority agreed to allow this alteration to take place, though evidently injurious to the interests of the institution. The minority, however, influenced chiefly, I have reason to know, by a wish that the apothecary practising in the town should not be affected by an additional one, resisted, and declared their intention of limiting the hospital apothecary's salary to the *maximum* allowed by law to a non-resident, viz. £30 a year. The latter preferred this sum and his private practice, to £80 a year and residence in the hospital; and the majority of the governors informed him, that, as they could not legally give him more than £30 whilst a non-resident, *he was not bound to attend the sick poor of the town and neighbourhood*. Matters continued in this state for some years, the sick poor being unattended; but the feelings of both parties having cooled, this non-resident apothecary has been latterly allowed a salary for attending the poor of *the town only*.†

* When the matter came before the judge, he at first declared the original subscribers best entitled to the presentment, but on reconsideration fiated that for the new ones; a fact which shews clearly how readily Lord Westmeath's Act can be got over.

† Though not in the regular order, I have here given instances of the over excited and partial feelings of the governors of a Fever Hospital, and of an In-

7th. The want of proper control over the medical attendants of Dispensaries, as well as of Infirmaries and other institutions, is a defect of no small magnitude. But this arises from the constitution of these charities, and the mode of making the appointments, more, I am disposed to think, than from want of honest and proper materials in the country for such a purpose. Dispensaries, however, suffer from it in a greater degree than any of the others; and, in truth, when those are well managed, the medical officer, not the subscribers, is the chief cause of their being so. If both pull well together, and the former be well disposed, matters prosper; but if from any particular cause the reverse is the case, the governors either overlook the matter when he neglects his duty, or support him when it is shown that he has done so: he has been appointed, in fact, too often by a party, and that party will back him under almost any circumstances; and as this extends to all employed in these institutions I shall first give an instance or two of its occurrence in regard to non-medical persons.

A Fever Hospital in a town and neighbourhood of considerable wealth and population was known to be under extreme bad management as regarded the comforts of the patients, who, it was notorious, were very insufficiently supplied with drink, and miserably nursetended, though the public subscribed liberally, and were put to sufficient expense for whey and other articles which those who should have got it did not receive. Numerous complaints were made against the housekeeper, who it was known made and sold butter from the milk with which the unfortunate patients should have been supplied. But years passed on, and the horrors of an epidemic subsided, before this wretch was dismissed from her situation. The committee, though most excellent individuals, alone appeared ignorant of the mismanaged state of their institution, like a husband who is the only person unacquainted with the frailties of his wife. The medical officer was a half drunken sot, who was indifferent about the miseries of his patients, and, perhaps, from his own indolent and negligent habits, averse to making such a representation as must have been attended to. Go into the hospital when

firmly, as well as of Dispensaries, in the selection of their medical officers; and I regret to be obliged to observe, that no class, high, middle, or low, are free from this unfortunate spirit, which too much actuates the professors of every creed, Protestant, Roman Catholic, Quaker, &c. &c.

you would, the parched tongues of the patients, and their anxiety for drink, showed how scantily they were supplied with that which should in all such cases be most abundant. Under a proper system of control, by governors selected by the public, such mismanagement could not last a week.

The physician of a Fever Hospital and Dispensary* engaged as his assistant a person who had been neither more nor less than a common porter or messenger in an apothecary's shop; he at first employed him to give out doses of salts, to make warm plasters, &c. In a short time this servant was intrusted with the care of the Dispensary patients, in the occasional absence of the physician, (who was fond of the turf, and not rarely enjoyed his amusements,) and finally he was dignified with the name of Doctor, and sent to the country districts to visit the sick. The governors not only overlooked this practice, but actually paid this person a salary of £10 per year as *apothecary* to the institution. It pleased Providence that he became a victim to cholera. Another porter in an apothecary's shop, equally ignorant and uneducated, was sought for, and installed into the situation, which he still holds. About eight miles from the town in which he resides, but in a different county, a gentleman lately held a Dispensary, from which he was generally absent for many weeks; but in his absence this porter was employed to attend the sick of this remote district, which he regularly visited twice a week—no medical man directing or advising him or them.

A surgeon attends a Dispensary three days in the week, at a distance of about five miles from his residence; he is frequently seen on his way to it at such late hours as must make it inconvenient to the patients that come for advice to remain in attendance, and impossible for him to visit those out-cases that require to be seen. When unable to go to the Dispensary himself, a non-medical friend frequently does the duty for him. The governors know these things, but do not interfere.

The Dispensary of a town, with a population of more than 2000, and about ten adjoining parishes, is attended by a medical officer who resides four miles from said town, and at one end of the district. He is paid a salary of £80 a year. He attends at the Dispensary three days in the week, for about two hours each day. The person that acts as apothecary to the charity is not qualified to do so, has no medical or surgical degree, and is paid £30 a year for compound-

ing the medicines and *visiting the sick*. So low is the institution in the eyes of the poor that they are often known to pawn their clothes to enable them to purchase medicines, rather than accept of them gratuitously from it. A routine class of medicines is given for almost every disease—salts and jalap being the most in use. The sick suffer much from the ignorance of the deputy, and the distance of the principal medical officer, whose private practice is respectable and extensive, and almost enough to prevent him from attending to any public business. In this town there are two or three very talented physicians who would gladly attend the Dispensary at very moderate salaries, and who, being on the spot, and in the centre of the district, could be at all times available. But private considerations and party spirit will not admit it. The governors are the friends and connections of the present medical officer, and have sufficient influence to keep up the existing system, and they will keep it up until the legislature interferes.

The surgeon of a respectable Dispensary visited a man in a mixed febrile disease on the third day of his illness, and continued to prescribe for him for twelve days afterwards, on the representation of the patient's wife, who frequently waited on him at the Dispensary to report progress and state symptoms. The patient, who lived near the Dispensary, was confined to bed for a fortnight, but no second visit was paid, though *the doctor actually passed his door every day, and spent an hour or more quite convenient to his residence amusing himself with the performances of an artist, whose works he much admired*. This and a few similar facts of neglect of duty were communicated to some of the managing committee of the Dispensary, who coolly observed, that "one circumstanced like him could not be expected to be very regular in his attendances." This gentleman's duties were far too great for any individual, and in this case we have an instance how readily and insensibly men diminish their exertions when they know that their superiors are not likely to call them to account for neglect, and actually do least when they have most to perform. I could give many instances of the ill-effects of this indifference of the governors of Dispensaries and other medical charities respecting the sick poor, which convince me that in many places Dispensaries are an injury, not a benefit, to those for whom they were intended; for, were these institutions not in existence, the medical gentlemen residing in or contiguous to such places would, either

of themselves, or at the desire of the humane and wealthy, attend them much more efficiently than they now are.

8th. The funds of these institutions are diverted from their legitimate purposes, and the time of the medical officers much employed in consequence of an abuse, which, though not general, is but too frequent: I allude to persons being recommended as Dispensary patients whose circumstances are such as clearly to disentitle them to eleemosynary aid. My own experience on this part of the subject has not been inconsiderable, but the well-authenticated accounts which I have had from the medical officers and the subscribers to Dispensaries in several counties have been numerous and conclusive. This certainly is an evil that greatly requires to be remedied, for when unfit persons are recommended, many mischiefs are the consequence; first, the funds, which are rarely more than enough, often less than enough, to supply the fit objects with medicines and such drink, &c. as they require during illness and convalescence, are expended on those who are not in need of charity, either medical or dietetic; secondly, the time of the medical officer is occupied with the latter, when, perhaps, it is scarcely sufficient to enable him to do justice to the former; thirdly, it deprives the members of the medical profession of fees to which they are fully entitled; and fourthly, it is often an injury to this comfortable class of persons themselves, who from one motive or other look for gratuitous aid when Providence has given them the means of paying for it. A medical gentleman in the County of Cork on this head observes, "*these institutions are greatly abused; subscribers to them are in all places perpetually and wilfully recommending persons for relief, such as farmers, comfortable mechanics, and domestic servants, for whom they well know Dispensaries were not intended; the real objects are therefore injured, and our profession suffers seriously.*" Another, a county of Wexford correspondent, who places the matter in a still stronger light, observes: "During the period of six years that I have been connected with this institution, I have had sufficient opportunities of forming a pretty correct opinion of many defects in the Dispensary system. Many are recommended for relief who are not by any means objects of charity; *gentlemen who subscribe a guinea or two expect that their numerous tenantry should receive relief at our institution, whether they are objects of charity or not*; some have pride enough not to avail themselves of it, but such is not general. I am often

called on to attend such people at a time perhaps when those more destitute require my assistance ; consequently those for whom these charitable institutions were first established are often in some measure neglected. I am confident if none were recommended but such as were real objects of charity, the persons applying would not amount to one-half the present number, consequently we should have more time to investigate the disease of each patient. *The hurried manner in which we are obliged to get over the Dispensary business in a limited time, having so many to attend, deprives the patient of that minute inquiry which is so necessary before we can form a correct opinion of his ailment.*"

I would request the reader's attention to the above letter, as the professional spirit which pervades every sentence proves that the good of the sick poor, and the acquirement of sound practical information, are the writer's chief objects, and that in deprecating this and other abuses, self-interest has no share.

A few instances of this abuse may not be amiss, were it only to inform the British reader—should any honour the work with a perusal—how Dispensaries are managed in Ireland.

A country woman handed me a fee of one pound, and requested of me to examine and prescribe for her daughter, who accompanied her ; I accordingly did so, but before she left, the mother informed me that she had been with her daughter at the Dispensary of this town, and had got advice and medicines for her. I expressed my surprise that one in such comfortable circumstances could think of going to a Dispensary. Her reply was, "why should not I as well as my neighbours" (meaning her comfortable neighbours) "go there?" But I was still more astonished, could any thing of the kind astonish or be new to me, when she handed me some medicines which she had been given at a neighbouring Dispensary, at which, she informed me, she had been with her daughter more than once. This woman is said to be worth many hundreds of pounds in ready cash, and pays above £200 a year rent. One of the recommendations was given her by one of her landlords ; the other by a shopkeeper*

* I understand it is a common practice with shopkeepers to give farmers and other unfit persons recommendations to Dispensaries on their having made purchases of goods from them. In many places they subscribe ten shillings or more to enable them to carry on this traffic, which much more than recom-

in this town, both of whom must have been well convinced that she was no object of charity.

It is, however, but right to state, that the individuals in question do not give these recommendations from mercenary motives ; still, when so freely given, without due consideration of the circumstances of the parties, it will often happen, as in the above instance, that unfit persons will obtain them. But a greater evil follows—the number of subscribers is greatly diminished, for many who would contribute were their poor neighbours or tenants unable to obtain recommendations only from them, now omit doing so, as they can be so readily had from the shopkeepers I allude to. The same must occur in other places, and can only be remedied by a limitation of the number of recommendations, and other appropriate regulations. But the feelings and interests of so many oppose this, that these regulations will never become general, unless made, *in some degree*, compulsory, or essential for the obtaining of a presentment.

A gentleman who has a considerable estate contiguous to a Dispensary held by a medical acquaintance of mine, subscribed three guineas per annum, and gave a friend residing near it authority to recommend his tenants, many of whom are of the class which may be justly denominated “wealthy farmers.” His friend was not slow in availing himself of his privilege, and gave recommendations, without distinction of wealth or circumstances, to the great annoyance of the surgeon, (who, at first, was afraid to remonstrate,*) and with

penses them for the sum subscribed, as in most institutions there is no limitation in respect to the number which each subscriber can recommend. The physician to a Dispensary lately informed me, that he had been obliged, a few days before, to visit a very comfortable person, at a distance of some miles, on a recommendation so obtained. I once had the curiosity to ascertain the number of recommendations given by three shopkeepers in this town, (who give Dispensary “tickets” freely,) and the proportion they bore to the total number given by all the subscribers, and I found that these three, one or two of whom were only contributors of 10s. 6d. per year, recommended more than one-half the patients for the whole period, though there are about 160 subscribers.

* “We cannot now, from our funds, afford a meagre quart of whey per annum.—Where lies the defect? not in the physician, who tries to the utmost to do his duty; not in the subscriber, who gives liberally in proportion to the means he is blessed with, and the paupers around him and on his estate—but where is that subscriber? not in the subscriber who scrupulously abstains from encumbering a charity with such of his tenants as are able to provide medicine and attendance for themselves—but how few are such subscribers? *The onus of rejecting these opulent farmers is thrown on the medical attendant, who requires firmness and consistency to meet the great man’s indignation, and not*

considerable injury to the charity, whose funds were scarcely sufficient for the sick poor of an extensive and dense, though a rural population. Several so recommended had fifty, sixty, and some a greater number of acres of land, and had all the appearances of wealth and comfort. The medical officer at length remonstrated, pointed out the injustice of the practice both to the institution and to himself; and requested that there should be no consideration respecting his time and trouble as far as paupers, or even a class somewhat above paupers, were concerned, but that the farmers should not be recommended. He was informed, that "Mr. ——— had subscribed, and that all his tenants were entitled to advice and medicines, and let him refuse to give either at his peril."

I have stated, that Dispensary attendance on persons in comfortable circumstances is often an injury* to themselves, of which the following very striking example came under my own view some years ago. A comfortable, I may justly say, a wealthy farmer, the father of a large family, was brought in here, and put under the care of a medical man, for a disease which, with attention, there was reason to suppose, was curable. A gentleman who was acquainted with him, and who was also under some obligation to him, *volunteered* to give him a Dispensary recommendation; somewhat indignant at the gentleman's interference, and the meanness of the sick man's friends, the medical attendant discontinued his visits, and the man was left to the care of the Dispensary Doctor. The latter feeling that the man was no object of charity, and at the time much engaged with more legitimate objects, and it may be also added, not being a very discriminating person when any thing out of the common routine of practice occurred, neglected his patient, who soon sunk, but willed his

wither beneath his scorching power.—Where is the medical Dispensary attendant possessing nerve enough to refuse admitting the servants of an opulent subscriber as Dispensary patients?"—Extract of a Letter from a most respectable and humane Dispensary Physician, with whom I happen to be many years acquainted.

* It is scarcely to be expected that a medical man, engaged to attend the poor only, and perhaps very inadequately paid for his attendance even on them, will exert himself sufficiently to attend a protracted case, one whom he knows is not a fit object for Dispensary relief, and whom he is forced to visit and prescribe for—bitter and galling as it may be to him to do so—because he dare not offend a wealthy and influential subscriber, who, perhaps, is the Doctor's supporter, or it may be, his patient. In all such cases the wealthy pauper suffers if the disease be serious.

family a considerable property, independent of his interest in a large farm.

So far is this abuse carried, that I am credibly informed, that the wealthy farmers who subscribe, and even the squires, in some Dispensary districts, receive a much greater portion of the Doctor's attendance, and of the medicines kept at the institution, than the poor; with little, if any additional remuneration to the medical man, and without any payment for the medicines. Governors of this description, and under such circumstances, it will be admitted, are not very likely to control their medical officer, or to see justice done to the sick poor, should the latter by any chance neglect them.

9th. The limits or boundaries of Dispensary district being undefined, is another defect that requires notice, as the want of such a regulation causes much loss of time to the medical attendants, and other inconveniences which happen in this way. Two Dispensaries are established contiguous to each other; there are, suppose, fifteen subscribers to each, four or five of whom reside on the borders, or perhaps in the district of that to which he does not contribute. Several who obtain recommendations from these, are visited at considerable distance, sometimes several miles beyond the Dispensary limits. In this way, the idler and hypochondriac are enabled to apply to both institutions, with little benefit to themselves, but with additional expense to the charities.* And I regret to be obliged to add, that unprincipled medical men, through the facilities so afforded, make a practice of throwing the onus of attending dangerous cases on the medical officers of the neighbouring institutions, of which I could give more than one instance. For many reasons, therefore, it is desirable, that the townlands or parishes which a Dispensary Doctor has to attend, shall be defined and fully understood; he is then responsible

* The same habit occurs in applying to different Hospitals for want of proper regulations to check it. Dr. Bullen, Surgeon to the Cork North Infirmary, in giving evidence before the Corporation Commission Inquiry, stated, that happening to call at the South Infirmary, he found a considerable number of patients there, I think he says a dozen, who had only that morning obtained advice and medicines at the former institution. This talented and observing gentleman's evidence on the state of the Cork medical institutions is exceedingly valuable.

for such cases as occur within it, and if it appear, that these are too numerous in a given time for one individual to attend, it is an advantage, that the fact can be clearly established, that steps may be taken to remedy the defect.

I have here only touched on those defects that are most injurious to the sick poor ; but there are others, which, were time allowed me, I could shew, are also deserving of consideration.

SECTION V.

ADDITIONAL OBSERVATIONS ON THE INSUFFICIENCY OF THE MEDICAL CHARITIES OF IRELAND, ESPECIALLY OF INFIRMARIES AND FEVER HOSPITALS.

The sixth and ninth Tables, I think, clearly prove, that the existing Infirmaries and Fever Hospitals of this country are quite insufficient for the wants of that portion of our sick poor requiring the aid of such institutions ; and the causes of such insufficiency will, it is expected, be understood by the statements contained in the foregoing pages. By an examination of Table No. VI. it will be seen that 23 provincial Infirmaries (of counties, cities, and towns) admitted 4359 interns in one year, from a population not quite one million, residing within five miles of these charities ; whilst the remaining population of the counties and districts to which these institutions belong was only able to obtain Infirmary accommodation for 2547. Those in the districts contiguous to the Hospitals, therefore, had one patient admitted for every 216 persons, whilst from those more remote the proportion was only one to 1252. The ninth Table shows that thirty-six Fever Hospitals admitted 6991 in a year, from a population, which, on a pretty accurate calculation, I find to be about 760,000, residing within one, three, and five miles of these charities, whilst from beyond that distance only 719* were received. Estimating the admissions into the remaining provincial Fever Hospitals to be on the same scale as

* On more accurately ascertaining the number of patients admitted from the different districts, I find that given in page 16 of the Introduction to be much overrated—a circumstance still more favourable to the views I have endeavoured to impress on the reader.

into these thirty-six, and that the numbers supplied by the contiguous and more remote districts were in the same relative proportion also, a near approach to accuracy, quite sufficient for our purposes, may be arrived at from such calculation. Supposing the whole number of these provincial institutions to be sixty-three, then the total admissions from the *home or near districts* must have been about 12,290 in the year, and that from a greater distance than five miles 1258; the population supplying the former about 1,330,000, and that from which the latter was sent about 6,024,365.* In this calculation the population of the city and county of Dublin is not included, the fever patients of both being sent into the Dublin Fever Hospitals. From this it will be seen, that those who reside within five miles of Fever Hospitals obtained accommodation in the proportion of one to every 108 of the population; whilst such as are beyond that distance were accommodated, or sent patients to these institutions, only in the proportion of one to 4780.

On these two statistic returns we might, I think, rest the insufficiency of our Infirmaries and Fever Hospitals, even though no additional facts had been brought forward to support them, for, as their general accuracy cannot be questioned, (though it is possible that in a few instances the population marked for some of the districts may be somewhat more or less than has been assumed,) and as the disproportion in respect to the admission of patients from the two districts has been found so very considerable, it is quite evident that a great number of cases, requiring Infirmary and Fever Hospital aid, must occur in the more remote districts, that do not and cannot obtain it. But when, in addition, it is found that the funds of many Infirmaries and Fever Hospitals are inadequate to the support of several, who are on that account refused admission, and that the governors of the latter are, in numerous instances, obliged to limit these admissions to a very narrow circle, or do so from other causes beside want of

* This means the total population of Ireland—of those counties which have not, as well as those that have Fever Hospitals, beyond a certain distance from these institutions. This explanation appears necessary in consequence of the statement given in page 16 of the Introduction.—Fact the 4th. But the population there given (250,000) is to be understood as that by which the 1017 patients were supplied, that residing at a certain distance, say, from five to ten miles, from the Hospitals; but does not, of course, include the entire population beyond that limit.

funds, no doubt can remain as to the insufficiencies of these institutions.

But before I close this part of the subject, it may not be amiss to notice the opinion expressed by the Committee on the state of the Irish Poor, which differs considerably from that which will be found in the foregoing pages. It states, that "the laws respecting Fever Hospitals, and the practice under that law, except in Ulster and parts of Connaught, seem to provide for the necessary purposes, both of benevolence and of medical police. Several witnesses have stated, that the assistance now given in the Fever Hospitals and Dispensaries is quite sufficient. Mr. Bicheno adds, 'it appears to me that the provision for the sick poor is much larger in Ireland than in England. The Infirmeries, Fever Hospitals, and Lunatic Asylums are often on a magnificent scale. Those which I saw at Cork, Waterford, Limerick, Dublin, and Belfast are all well managed, as far as my *cursor*y observation went. The system of providing for the sick poor is certainly more complete in Ireland than in England. The Infirmeries in England are only erected in very large cities and towns, whereas in Ireland they are a part of the law of the land.' This statement is confirmed by Doctor Doyle, who expresses his conviction that the system of relief provided in the way of medicine and medical attendance for the poor is fully adequate, adding, perhaps, in some portions of those districts to which his evidence refers, there may not be a sufficient supply of means of relief for persons afflicted with fever; but making that exception, he is confident that the dispensaries are well managed, that they are more than sufficient in number, and that there is no person having a just claim for relief who is not attended to. Mr. Ensor does not think that the system of relief for the poor, by medical assistance, need be carried further than at present."—*Report*, 1830.

The evidence of such witnesses must naturally have made a considerable impression on the Committee, but though, by the indefatigable industry of the very talented chairman, a great mass of information was collected respecting the medical institutions of this country, I believe it is now the opinion of that right honourable gentleman himself, that these institutions are on the whole insufficient, and require considerable modification and improvement. With regard to the opinion expressed by the Committee on the law respecting Fever Hospitals, and the practice under that law, it is

only sufficient to observe that now, five years since the Report was published, there are still eight counties, viz. Monaghan, Donegal, Fermanagh, Tyrone, Leitrim, Roscommon, Mayo, and Longford, in which there is no Fever Hospital; that in Louth, though there is one, it has been at times closed for want of funds, and that, though there is a small Hospital in each of the counties of Westmeath, Queen's County, King's County, and Armagh, their small extent, and limited funds in the three first, and the last being for the city only, it follows that the whole of eight counties, and the nine-tenth, at least, of the other five must be deprived of Fever Hospital relief. Then there are the counties of Cavan, Clare, Derry, Galway, Sligo, and Kerry, in which there is only one House of Recovery in each. And when to this paucity of these institutions we couple the circumstance, that, even in those counties in which they are more numerous, the defective machinery by which they are conducted prevents fever patients residing beyond a certain distance from being sent or admitted into them, it must be admitted that up to the present moment, the law or practice, or both, are defective.

With regard to Mr. Bicheno's opinion, the question for our consideration at present is, not whether "the provision for the sick poor is larger in Ireland than in England," or in what proportion such provision is made relatively in both countries, but whether that which we have in Ireland is sufficient for our purposes, or nearly so; for the circumstances of the two countries are so very dissimilar, that no just conclusions can be drawn from a comparison between the medical institutions of both. The Hospitals and Asylums which he saw in the places alluded to are, it is true, very splendid, and well managed, and it might naturally occur to an unprofessional stranger, that as these charities are "a system, and a part of the law of the land," there were others of comparatively equal extent and efficiency throughout the kingdom, in proportion to the necessities of the poor and the extent of the population. But he has given no proofs that he ascertained this to have been the case. As far as Mr. Bicheno "*cursorily*" saw, he is good authority, but on such a subject we can only so far depend on him. With respect to Infirmaries being the law of the land, that only gives one in each county, with a good salary to the attending surgeon; but though the establishment of such charities is a voluntary act with our English neighbours, it should be recollected, that as the subscribers there are vastly more numerous than in this

country, and the medical officers in a much greater proportion also, and the whole of the medical profession favourable to them, these and other circumstances enable the governors to render them more efficient than here, and probably* to admit patients from more remote districts in a greater proportion than we find they are admitted into the Irish infirmaries.

It was very natural that Dr. Doyle, whose great talents, extensive information, and general acquaintance with the state of Ireland even his enemies now admit, should be examined on the medical charities of this country; but it is more than doubtful if he had, or could have had, much practical knowledge of them. That distinguished and learned prelate was transferred in early life from a convent to a professor's chair in the college at Carlow, and from thence, in a few years, to a bishopric. He never was on the mission, a phrase in the Catholic Church, implying that the clergyman was engaged in the laborious duties of a curate or parish priest. He never held either situation, at least in a practical sense; and from the period he became a bishop, he was so occupied with the higher duties of that dignity, and so engaged in the discussion of the various questions introduced during a very excited period, that it was impossible he could be practically acquainted with the condition and wants of the sick poor, or with the state of the medical charities of this country. To remove all doubts as to the incorrectness of his opinion, "that the system of relief provided in the way of medicine, and medical attendance, for the poor, is fully adequate," I need only refer to the state of the medical institutions of his own diocese before, and when, he gave this evidence. The Carlow Infirmary has been always confessedly inadequate to the wants of that class of the sick poor which requires its assistance in a greater degree than most others, and still remains so; and that part of the Queen's County, and the whole of the county Carlow, within many miles of Dr. Doyle's residence, had then no fever hospital. Admitting the dispensaries to be "more than sufficient in number" in the Queen's County, they were not so in the county Carlow; and I am sure it could be readily shewn that they were not and are not "well managed," even in that

* I say *probably*, because, though I am pretty certain of the fact, nothing but statistic returns can be satisfactory or conclusive on the point.

very district. The fact is, Dr. Doyle's vigorous and comprehensive mind was more occupied in making general observations, than in minute or patient inquiries. He saw a system of laws which had accomplished much by the establishment of infirmaries, fever hospitals, and dispensaries; one that "combined private subscriptions with public aid from local (county) assessments, and which seemed peculiarly calculated to call forth the benevolence of the rich, and to relieve the afflictions of the poor." But he only saw these institutions at a distance, where both theoretically and practically they appeared more valuable than a nearer view, and a closer inspection, would have satisfied him they really were. In a word, he had neither time nor opportunities to make himself acquainted with the abuses and defects of that system which he so highly praises.*

The efforts made by the governors and medical attendants of some fever hospitals to connect a surgical ward with these institutions, may be adduced as another proof of the want of infirmary accommodation. This has been done successfully, as far as my information goes, in only two places, Kinsale and New Ross, but in the former town the government have given a large building, formerly used as a barrack, to the Fever Hospital and Dispensary Committee, which enables them to have the surgical and non-contagious medical cases distinct from the fever class; and the New

* If Dr. Doyle was informed that a physician, who resides at Carlow, has charge of two medical charities there, for which he receives salaries of £160 a year, and is in most respectable and extensive practice, was also the medical attendant of a dispensary six miles distant, which he visits only once a week, for a salary of £50 a year, and the ordinary duties of which are performed by an apothecary, at £45 a year, who is neither physician, surgeon, or accoucheur, would he say such a dispensary was well managed, or the poor well attended? And further, if another physician in the same county had a dispensary and fever hospital in the town in which he resides, for which he is fairly paid, and yet is allowed to attend two other dispensaries at a distance of some miles, the whole extending over a district, the population of which would require three medical officers efficiently to attend its sick poor, would he approve of such a system of dispensaries? No one blames the medical gentlemen in question, or any others similarly circumstanced; but it is clear, that *they are so favoured by the gentry as to be allowed to hold more institutions than they can fairly attend.* The county pays, but assuredly the sick poor suffer. I have heard of circumstances which have occurred in the neighbourhood of the first dispensary, strongly proving it to be *badly managed.* A respectable resident surgeon, at a salary less than that paid to this non-resident and to the apothecary, would do the duty efficiently.

Ross Fever Hospital is only enabled to admit so many surgical patients in consequence of its possessing considerable funds willed for its establishment and support by a gentleman who resided in the neighbourhood. These funds, along with the subscriptions and county presentment, are always adequate to the wants of the Ross district. But in Clonmell, Carrick-on-Suir, Naas, Newry, Enniscorthy, Newcastle (county Limerick), Middleton, Youghal, and a few other places where it has been attempted, the efforts used to obtain funds have either been unsuccessful, or these funds when obtained, have not been judiciously applied. The attempt, however, clearly shews the great inconvenience felt in these districts from the want of infirmary accommodation.

CHAPTER VI.

SUGGESTIONS FOR A MEDICAL POOR LAW FOR IRELAND.

ANY law intended to provide efficiently for the sick of this country must be defective, and fail in its operation, unless it be compulsory on the public authorities to put it into execution in every district, that it may be general in its application, and, as nearly as circumstances may admit, uniform in its results. Next, it should be enforced under a proper system of general regulations, modified according to the state of particular districts, so that whilst every sick pauper, or any person that could shew he ought to be fairly considered as such, is adequately provided with professional attendance, and medicines, and, when necessary, with such food, drink, &c. as, in the opinion of his medical prescriber, he would require during his illness and convalescence, none other shall be entitled to gratuitous attendance at the public expense; thus relieving the medical officers from a duty now very improperly and unfairly thrown on them, and securing the entire funds, and the time of these officers, to the primary and legitimate objects,—those who are unable to pay for either advice or medicines. And lastly, the institutions established under such law, should be under a rigid system of inspection and control, of such a nature as would prevent negligence or inadequacy on the part of the medical attendants, or mismanagement or any unnecessary expenditure on that

of the local governors. Such a medical poor law, if properly carried out in its details, would be sure to afford aid to every sick pauper in Ireland, whether living in city or country, contiguous to, or remote from an Hospital or Dispensary; and it would do so at the least possible expense, but the sick would be efficiently attended whatever the expense might be. In accordance with these principles and views, the following suggestions are offered as the basis of a law for the establishment of a national system of district Infirmaries and Dispensaries. I shall first develop the plan under which both classes of institutions may be established and conducted, and then adduce such authorities or reasons as appear necessary in support of it, hoping that in giving it an impartial consideration, the reader will bear in mind the state of the existing medical charities of this country; their defects as well as excellencies; and the state of society, which, divided and exasperated as it is, and probably will long continue, appears badly calculated to afford the materials for remedying these defects under the *optional* system now in operation.

ESTABLISHMENT OF DISTRICT GENERAL HOSPITALS.

As the county and city of Dublin, the cities of Cork, Limerick, Waterford, and the town of Belfast, contain Infirmaries more than sufficient to accommodate the sick poor of these places, and the country immediately surrounding them, I shall confine my observations to the rest of Ireland, the population of which, according to the census of 1831, is about 7,200,000. I propose to establish Hospitals for the sick poor of that population in the following manner:

1st. One Hospital capable of containing from forty to fifty beds, for every district containing about 40,000 persons, to be established in as central a situation as circumstances admit.

2nd. Each to be divided into two parts, one for bad surgical and non-contagious medical cases, the other for patients affected with fever or other contagious diseases; the communication between both sides being completely cut off.

3rd. When fever or any other disease becomes epidemic, the surgical part of the institution to be given up for the use of such patients, as soon as the fever wards become insufficient for those of the contagious class.

4th. Each Hospital to have a resident house surgeon,

competent also to discharge the duties of apothecary, and to have not more than four, nor less than two medical officers; two of whom, at least, shall be operating surgeons. Both house surgeon and medical attendants to be fairly paid, and no gratuitous services allowed.

5th. The boundaries of each district to be accurately defined, that no doubt can arise as to the claims of any sick pauper on a particular Hospital, and no delay occur in his obtaining the necessary order from the authorities empowered to grant it.

ESTABLISHMENT OF DISTRICT DISPENSARIES.

1st. Every district containing a population of about 10,000 to have one Dispensary, established in as central a situation as possible.

2nd. The boundaries of such district to be accurately defined.

3rd. Three or four such Dispensaries to be connected with each general Hospital, one consisting of the population of the town and neighbourhood in which the Hospital is erected, for a circle of two or three miles or more, according to the density of such population; the others to be established at such distances and places as may be considered most expedient.

4th. The Dispensary of the district contiguous to the Hospital, to be attended by two at least of the medical officers of the latter institution, the other three by resident surgeons fully qualified to discharge the various professional duties which must necessarily devolve on them in such practice.

5th. Every such Dispensary attendant to be fairly paid, and no gratuitous services accepted.

6th. With the exception of bad casualties, which should be always admissible, no patient to be taken into Hospital until the medical officer of the Dispensary district in which he resides has given a certificate, that he has attended or carefully examined him, and is of opinion, that he cannot be done sufficient justice to in his own residence; stating fully the causes which prevent recovery out of Hospital.

7th. The medical officers of every Hospital to have stated days and *hours* for consultation and operations, to which all those of the two or three *extern* Dispensaries are

admissible; the latter having the full privilege of visiting the institution, and seeing its practice along with the Hospital attendants.

PROBABLE EXPENSE OF ERECTING AND ESTABLISHING SUCH
DISTRICT GENERAL HOSPITALS AND DISPENSARIES.

If one general Hospital be erected for each population of about 40,000, and one Dispensary for 10,000, the whole of Ireland, excluding the cities and town above mentioned, would require 180 of the former, and 720 of the latter. The probable first cost of fitting them up may be estimated as follows:

Cost of altering and enlarging 18 of the present county Infirmaries, in places in which there are no Fever Hospitals, or where the latter are of a very indifferent kind, at £800 each	£14,400
Cost of altering and enlarging 20 of the present Houses of Recovery, to make them fit for General Hospitals, at £500 each, ...	10,000
Cost of enlarging 32 of the present Fever Hospitals, for the same purpose, at £1000 each	32,000
Cost of erecting 102 new General Hospitals, at £2,000 each	204,000
Total cost of altering, enlarging, and erecting 172* district Hospitals	<u>£260,400</u>
Cost of erecting 400 Dispensary houses, at £300 each	120,000
Cost of altering 140 of the present Dispensary houses, to make them more commodious, at £100 each	14,400
Total cost of establishing 540† Dispensaries	<u>£134,000</u>
Total cost of establishing 180 General Hospitals, and 720 Dispensaries	<u>£394,400</u>

* Ten of the present county Infirmaries require no alteration, there being sufficient Fever Hospitals in the same towns.

† The 180 Dispensaries connected with the General Hospitals make up the number to 720.

PROBABLE ANNUAL EXPENSE OF 180 GENERAL HOSPITALS, AND
720 DISPENSARIES.

Expenditure of 180 Hospitals, and the Dispensaries connected with them, at £1000 each per annum	180,000
Ditto of 540 extern Dispensaries, at £150 each	81,000
Interest on £394,400 (expended on these establishments) at 4 per cent.	16,000
Total annual expense	£277,000
Add for the annual expenditure of the Hospitals and Dispensaries of Dublin, Cork, Limerick, Waterford, and Belfast	30,000
Total annual expense of Hospitals and Dispensaries for Ireland	£307,000

SOURCES FROM WHICH FUNDS TO THE ABOVE AMOUNT MAY BE
RAISED FOR HOSPITALS AND DISPENSARIES.

I propose that these institutions be supported by public assessment only, on the income derived from land and houses; which may be estimated thus:

Ireland contains twelve millions of acres, Irish plantation measure; four millions of these are unproductive; of the remaining eight the rental may be taken as follows:

	£	s.	d.	
1 Million at 3	0	0	.	£3,000,000
1 do. at 2	0	0	.	2,000,000
2 do. at 1	10	0	.	3,000,000
2 do. at 1	5	0	.	2,500,000
1 do. at 1	0	0	.	1,000,000
1 do. at 0	15	0	.	750,000

Total annual rental of lands . £12,250,000

The cities of Dublin, Cork, Limerick, and Waterford, and the town of Belfast, contain about 50,000 houses; all the other *cities and towns*, about 138,000. Estimating the average annual rental of each of the former to be £25, and that of the latter £12 10s. the total would stand thus:

50,000 at £25 each . . .	£1,250,000
138,000 at £12 10s. each . .	1,720,000
Total . . .	£2,970,000
To which add rental of land . .	12,250,000
Total annual rental of lands and houses	£15,220,000

A tax levied on this income, or rental, in the proportion of 2 per cent., would be sufficient to meet the above expenditure. And if one-half such tax were charged on the landlords, the other half on the tenants or occupiers, each party would have to pay only one per cent.; the former on their incomes, the latter on the rents they pay, or the supposed value of the premises they occupy. The fiscal operation of such tax would be thus:

One per cent. on a land rental of £12,250,000 would give . . .	£122,500
Do. on a house rental of £2,970,000 would give . . .	29,700
Total annual tax on the landlords of land and houses . . .	£152,200
One per cent. on the occupiers of land at its estimated values, not at that for which it is let . . .	122,500
Do. on the occupiers of houses . . .	29,700
Total annual tax on the occupiers of land and houses . . .	£152,200
Total annual tax on landlords and occu- piers . . .	£304,400

REASONS FOR THE FOREGOING PLAN OF A MEDICAL POOR LAW.

The establishment of a somewhat general and uniform system of medical charities, or indeed any considerable improvement in these institutions on an extensive scale, has not, I believe, been hitherto discussed in Great Britain or Ireland. In the latter country, the subject is quite new to the public, and, I may add, to the medical profession, with a few exceptions; but in England, several distinguished practitioners, and a few non-professional men, have paid considerable attention to it, though their views and opinions are but imperfectly before the public.

Some of the arguments in favour of the establishment of several small general hospitals in districts whose population is not very dense, in preference to a few large ones, may, perhaps, apply to other countries as well as to Ireland ; but the habits, feelings, and circumstances of the people of this country particularly, require that these charities be near them. In some districts the population might more conveniently be as high as 50,000, or perhaps somewhat above it; in others, a district containing from 30 to 40,000, would be sufficiently extensive. In each case, density of population, and the natural boundaries, would determine the limits, and of course the number to be included. But it is of much importance that such hospitals be near; 1st, that the sick may be speedily and conveniently removed to them when necessary; 2nd, because the Irish have an invincible objection to removal to any hospital beyond the distance of a few miles—a repugnance which, to those unacquainted with our peasantry, appears to be the effect of ignorance of the value of hospital aid, or of an indifference with respect to recovery, but which, on a closer acquaintance with them, will be found to arise from motives well calculated to command our respect, perhaps our approval ; they are unwilling, when dangerously ill, to be removed from home, partly because they expect more kindness and sympathy, though less comforts, there than from strangers or hirelings, partly because, when far removed, their relatives cannot visit them so frequently as they could wish ; and though they generally meet death with as much fortitude and resignation as any others, they are most anxious that in their last moments they should be surrounded by their relatives and friends. This conduct may not be wise or prudent on their part, but it is natural, I will say, commendable ; and, in place of being discouraged, ought, in my opinion, and in that of many others of higher authority than mine, to be as far attended to as the safety of the sick themselves may admit of. Beside, they generally have more confidence in a medical man whom they know, than in one with whom they are unacquainted, and will cheerfully enter an hospital attended by the former, though they obstinately refuse to put themselves under the care of the latter, even though credibly informed of his higher professional judgment. These, and many other objections, would be obviated by hospitals so contrived, as to admit the serious cases, and those only, from each district of five, six, or eight miles. In fact, it is only

from hospitals to which the sick poor and their friends can conveniently have access, and into which, by the removal of such objections as these now alluded to, they are disposed to go, that sufficient benefits can be expected in Ireland; larger and more splendid institutions at greater distances may look better, but will never confer the same benefits.

In fixing the number of beds at fifty, I only do so to intimate the *maximum* number which the hospital should be *capable* of containing. I am not aware of any *data* sufficiently accurate to enable us to calculate the number of patients which a given population would ordinarily send to an hospital in a given period; I mean patients of all kinds fit for, and requiring such accommodation. Were not fever so frequent, and so constant a disease in this country, I should consider fifty beds by far too much for a population of 40,000 or 50,000, for which thirty would, probably, be quite sufficient. There is, perhaps, no infirmary in England on which more consideration was bestowed than on that at Huddersfield. It is intended for a district with a population of about 100,000, and accommodates only thirty patients in the surgical and medical part, independent of the fever wards. But, though some time established, no case of fever has been yet admitted, which shews how comparatively rare that disease is in some districts, at least in England. At all events, when such institutions are being erected, it is much better, and attended with little additional expense, to have them of such a size that there shall be always some spare room; for, in seasons of severe epidemics here, fifty beds would be quite insufficient to accommodate all the poor requiring hospital relief; whilst on ordinary occasions, and for many years successively, from twenty to thirty beds would be sufficient for fever cases. But it is quite unnecessary to erect large hospitals merely to be used on the recurrence of epidemic fever, as there is no town in which a house cannot be rented for the purpose; a mode of proceeding that answers equally well for the prevention and cure of that disease. I am, therefore, an advocate for only establishing hospitals sufficiently commodious for the average of ordinary years; and am of opinion that fifty beds, for a population of 40 or even of 50,000, are quite sufficient, and that many of them will be often empty, *if these institutions and the surrounding Dispensaries be judiciously conducted*, admitting only bad cases, or those which cannot be properly attended to at home.

In every instance the hospital district should include a tract of country of five, six, or eight miles around it, and in many, the usual landmarks of county divisions ought to be given up. For instance, an Hospital in Clonmell, which is on the confines of Tipperary and Waterford, should admit patients from the county Waterford side, half way to Dungarvan, Cappoquin, &c., as well as half way to Carrick-on-Suir, Cashel, &c.; one at Carrick-on-Suir, a town at the junction of the counties of Tipperary, Kilkenny, and Waterford, should admit patients from each from a district of six miles towards Clonmell, six to Kilkenny, and six or seven to Waterford and Dungarvan; and one at Carlow should receive from that part of the Queen's County within some miles of it, equally as from the county Carlow itself. By an arrangement of this kind, the distance to each Hospital must be small; those who reside within the districts, though in a different county from that in which the institution has been established, are equally admissible as the residents of the latter, and two or at most three hours of slow travelling will bring any patient to the Infirmary.

A general hospital with fifty beds might, perhaps, be best arranged by being divided into two unequal parts; that is, if the number of wards be six, two might be appropriated to surgical and non-contagious medical cases, and two to contagious disease; each of these to contain ten beds, suppose, but at the fever side it would be an advantage to have two smaller wards, to hold three, four, or five each. These small wards could be rendered very useful on many occasions, whenever fever became less prevalent; as pneumonic patients, requiring a higher temperature than the larger wards could, in cold weather, well supply, would be much benefited by removal into them. An occasional midwifery case requiring operation, or much attention, will also sometimes offer; and there are, I am persuaded, but few practitioners who have not painfully felt the annoyance of attending such patients in their wretched dwellings.

With regard to the safety and expediency of admitting patients affected with fever, or other contagious diseases, under the same roof, but completely insulated from those of a surgical or medical nature, one might suppose that the labours of Haygarth, and his numerous successors, must have decided the point long since. Yet I have had letters from several members of parliament, and even from medical men of experience and respectability, in answer to the Circular, No. I., the former doubting the safety, the latter, the

propriety of the practice. But it should be observed that both live in counties where they have but few, if any, opportunities of satisfying themselves on the subject by actual observation. It has been long known, that wherever hospitals have been properly constructed and divided for the reception of fever, as well as of surgical and medical patients, the practice was perfectly safe as regarded the non-contagious cases, though under the same roof with those from whose proximity some entertain such apprehensions. Such being the fact, it is needless to adduce the authorities considered by the medical public to be conclusive on the point. But if any one still doubt,* let him visit the Belfast General Hospital, Sir P. Dun's, or the new Meath, in Dublin, into each of which fever patients are admitted along with non-contagious cases. In my correspondence with several of the medical profession this subject was adverted to; for, though these many years no doubt remained on my own mind as to the safety of the practice, I felt it my duty to ascertain the opinions of medical men who have had the best opportunities of proving the matter experimentally. From these I shall select only one, who I am sure will be considered the very first authority, Dr. Walker, of Huddersfield, who observes, "I was so far of your opinion in regard to the absence of all danger from the contiguity of fever wards to a building designed for general purposes, that I took great pains to have fever wards attached to our new Infirmary, of which they form the eastern wing: but I ought to add that this arrangement was not adopted without considerable opposition; and I am far from sure that the admission of

* On visiting the Carrick-on-Suir Fever Hospital, Dr. Purcell pointed out a few surgical and medical patients in one ward, and several fever patients in others; the communication between them still existing, but the nurses of each class were prevented from going into any wards but their own. And in another part of this excellent hospital, there were several cases of bad cholera, who were completely shut out from any possible intercourse with either of the others. All were under the same roof, and had their food, &c. furnished from the same kitchen. And though in the commencement of the cholera epidemic in Carrick, the popular outcry was considerable against sending such patients to hospital, in a short time they not only went freely, but the admission of cholera patients into it did not latterly prevent fever and other patients from seeking its advantages also. Here we have an example how soon the strongest prejudices will be overcome, when the utility of a practice becomes evident. I believe it to be a fact, that on the opening of all Fever Hospitals, there is at first a reluctance on the part of the poor to be sent to them, but a few days or weeks have in all instances removed it.

typhus cases would not deter many from applying to the Infirmary. At any rate, it would require time to convince the poor that no harm was to be apprehended from the proximity of fever wards, detached as they are virtually, though under the same roof, and so contrived as to have no communication with other parts of the Infirmary. The fever wards at Leicester are built close to the Infirmary, and, though many malignant cases of typhus are continually admitted, yet no instance has occurred of the transference of the miasm to the Infirmary wards; and if any prejudice at any time existed against such *juxta-position*, experience has now proved its fallacy. The same laboratory, and the same medical establishment serve for both institutions." The same opinions are given by many others. But no matter how satisfied the medical profession, and a few of the more inquiring part of the community may be on this subject, so ridiculous are the fears of the great majority of the governors of hospitals with regard to contagion, that from them no alteration from the present mode of establishing district Hospitals for patients affected with contagious diseases can be expected, and consequently, the direct or indirect interference of the legislature is necessary to insure that such institutions shall be conducted in the least expensive and most commodious manner.

By proper regulations, and keeping in mind the value of being able to turn the entire of such hospitals to fever cases when necessary, many advantages may be obtained in the working of these charities. It should be always recollected, that with the exception of 1814 to 1818-19, one or two years is the longest period during which fever has been at any time epidemic in this country; and that it rarely continues so for so long a period in any place. The epidemic fever of 1826 and 1827, the last we have had, only raged a part of each year. The same was the case in 1821-2. As, therefore, an hospital capable of containing forty or fifty beds may not have its wards filled with fever patients oftener than one year in five or six, there appears no reason why some of those wards, which it has been found necessary to fill with contagious cases when fever is very prevalent, may not be appropriated to the reception of surgical and non-contagious febrile patients in the absence of such epidemics. Its safety is established beyond all question, for I know numerous instances in which it has been done with perfect impunity. In the Fever Hospital (Parliamentary)

Report of 1832, I find it stated that, "a large portion of the expenditure of the (Belfast General) Hospital is caused by the reception of surgical and medical patients, who are received when a decrease of fever leaves room for the admission of such cases." This practice has been adopted by myself on several occasions in the Hospital of our county gaols; for, as it contains only four wards, and whenever the prison becomes very crowded, we are sure to have an accession of fever, it is often necessary to put surgical and non-febrile medical cases into the wards in which there had been fever of the most typhoid kind only a few days before. The rooms, bedsteads, &c., are well washed and ventilated, and it is not at all unusual to have four or five non-contagious patients in the same room four or five days after it was cleared out of fever patients. And yet in no instance have I found the slightest danger from this practice. In fact, if we act on the opinion that all fevers are, or may become, contagious, the only correct or safe one, and adopt such precautionary means as are necessary to dilute and remove the poison, we need have little apprehension in using fever wards for general purposes. By doing so we avoid the double expense of two hospitals, and enable professional men, with greater convenience and less loss of time, to observe disease in its different forms; a matter of more importance to the public health than many suppose, but which distinct Hospitals greatly tend to prevent.

That no general Hospital can be well managed unless there be a resident house surgeon, would, perhaps, be too strong an assertion, though I believe it would be very near the truth. But the benefits derivable from a competent house surgeon are so obvious, that we now find one in every general Hospital, large or small, in Great Britain and Ireland, except the county Infirmaries of the latter, and such institutions as are in the hands of city corporations, not in those of the public.

The number of *acting* medical officers that should be attached to a general Hospital is a subject of considerable importance, and one that ought to have been decided on long ago. In reference to it, Dr. Walker, of Huddersfield, in one of those admirable papers which he has given on English Hospitals, in the *Midland Medical Reporter*, (page 326,) observes: "with regard to the number of physicians and surgeons necessary to conduct the business of an Infir-

mary, it seems to be conceded, by the most competent judges, that the interest of Hospital patients is best consulted by having no more medical attendants than are sufficient for the care of the patients. Every supernumerary officer by dividing lessens the responsibility of the rest. In county Infirmaries [English] too many medical officers are frequently appointed, from which cause the business becomes so much divided as to afford a very limited field of experience. This applies peculiarly to the operative part of surgery, where expertness, dexterity, and skill are only to be acquired by almost constant practice. Dr. Clarke, who has expressed himself very decidedly on this subject, considers that in an Infirmary, capable of containing 150 in-patients, two ordinary physicians and two surgeons are enough to transact the business; but he recommends, when the number of beds is so considerable, the appointment of a similar number of assistant medical officers." This would give each the attendance of $18\frac{3}{4}$ beds. In the same work Dr. Walker has given the proportion of beds to medical officers in fifteen provincial Infirmaries, and in seven of the London Hospitals. In the former the proportion was as 17 to 1; in the latter as 40 to 1; but in some of the metropolitan Infirmaries assistant physicians and surgeons are appointed, who are not included in this calculation. And it should also be observed, that none of the medical officers of these charities attend out patients at the residences of the latter, as is generally done by those of the provincial institutions, who usually visit at the distance of one mile on every side.

In the Dublin* Infirmaries the proportion of beds to

* Names of Hospitals.	Physicians.	Surgeons.	No. of Beds.	Average No. of Beds to each Medical Officer.
Whitworth and Richmond,	4	5	200	$22\frac{2}{3}$
Stevens', ...	2	3	200	40
Mercer's, ...	1	6	55	8
Sir P. Dun's, ...	2	1	70	$23\frac{1}{3}$
New Meath, ...	2	6	61	$7\frac{5}{8}$
Baggot-street, ...	2	3	52	$10\frac{2}{5}$
Jervis-street, ...	2	7	35	4

The fever beds in the new Meath and Belfast Hospitals are not included in the above, and the *honorary* Physicians and Surgeons of all are omitted.

physicians and surgeons is as $14\frac{2}{3}$ to 1; and in those at Cork, Limerick (the Barrington Hospital,) Waterford, and Belfast, as 9* to 1; but in the thirty county Infirmaries in Ireland it is as 31 to 1. And even this high proportion is virtually much greater in consequence of there being no house surgeons in these institutions.

Anxious to obtain accurate information on this important point, from persons who might be considered good authorities, I addressed a circular to some physicians and surgeons of English Hospitals, as early as 1829, which contained the following passage: "You will better understand my objects when I inform you, that in this country the invariable custom is, to appoint only one surgeon, or medical officer, to each county Infirmary; no consulting physician or surgeon is ever appointed. The attending surgeon is, in general, in full private practice, and often so occupied, as to render his private interest or practice, and the discharge of his Hospital duties, somewhat incompatible." In answer to this circular, several of the most eminent physicians and surgeons of county Hospitals in England freely and promptly supplied me with the information required. Amongst these, I am particularly indebted to Dr. Hastings of Worcester, Dr. Baron, and Mr. Playne of Gloucester, Dr. Brown of Sunderland, Mr. James of Exeter, Dr. Hallam of Oxford, and Dr. Forbes of Chichester. Dr. Hastings says; "our Infirmary contains 100 beds, and has an average of from ninety to 100 patients in it at a time. I do not consider that fewer physicians or surgeons would be desirable." No one acquainted with the medical literature of the last twenty years can be ignorant, that as an eminent and scientific physician, Dr. Hastings is inferior to none, and superior to most

* Names of Hospitals.	Physicians.	Surgeons.	No. of Beds.	Average No. of Beds to each Medical Officer.
North Cork Infirmary, . .	2	2	30	$7\frac{1}{2}$
South do. do. . .	3	2	32	$6\frac{2}{3}$
Barrington Hospital, . .	2	3	35	7
Belfast do. . . .	4	4	70	9
Waterford Leper Hospital,	2	2	50	25

of his contemporaries, and that to his judgment and zeal in the promotion of medical knowledge, and the improvement of medical institutions, the public and the profession are deeply indebted. Dr. Forbes is known to have taken more pains in obtaining information on the best mode of establishing Infirmarys and Dispensaries than any other in England, perhaps in Europe, not even excepting Dr. Walker of Huddersfield. I shall, therefore, give such parts of his answer as bear on the present subject, especially as in all essential points the other gentlemen concur with him. He observes, "I have much pleasure in replying to your communication respecting Infirmarys, &c. : your system of county Infirmarys seems very bad, and I have no doubt, that the alteration to something of the plan universally adopted in England would be of great service. Here, in England, there are always physicians and surgeons to every Hospital—more or fewer according to circumstances—but in the very smallest, (with at most two exceptions in the kingdom,) at least two physicians and two surgeons, besides a resident apothecary or house-surgeon. The physicians of course take the medical, and the surgeons the surgical cases of both *out* and *in* patients, and the house-surgeon superintends the preparation and administration of the medicines, and visits the *out* and *in* patients as often as is necessary, under the direction of the superior officers. The house-surgeon, besides his rooms and board, has a salary varying from £50 to £100 a year; £60 to £70 being the medium. The physicians and surgeons are *nearly* universally appointed for life, or rather as the lawyers phrase it, *pro bene placito, during good behaviour*.

"It is utterly impossible, I conceive, that justice can be done either to the *sick* or to *science* under your exclusive system; *competition in attendance and practice* can only be attained by the appointment of *several* officers, and such competition is one of the most powerful means of benefiting the *profession* and the *poor at once*. Unless the moral character of the individuals be much *above par*, I should expect that the exclusive and seemingly *irresponsible* power granted to your medical officers must tend to produce habits very different to those desirable in such persons.

"Our Infirmary takes from fifty to sixty in-patients; our out-patient's list may average 500. The institution was raised, and is entirely supported, by the voluntary subscriptions of the public, and this is the case *universally* with

Hospitals in this country ; there being none endowed by government. The average number of our in-patients may be about 200. Our population is about 11,000 in the city ; one guinea annual subscription constitutes a governor, two entitle a governor to have *one* in-patient in the year, and *two out*, or *two out constantly*. The two physicians are of equal authority, and have precisely the same duties ; the same of the surgeons : one physician and one surgeon attend on Mondays, and the two other on Thursdays for out-patients ; they visit in-patients at their own discretion. In-patients are only admitted on Tuesdays, except in the case of *casualties*, or *fever*,* or other cases of great urgency. All the medical officers of every Hospital in England are in practice ; most of them in full practice. The house-surgeon is the only one restricted from practice.

“Previously to the founding of our Infirmary here, I published a mere *circular letter* to give the people an idea of my intentions ; we succeeded admirably ; raised £8,000 within three months, and built a handsome but small house ; we are so far flourishing as to have plenty of patients, and are out of debt. All the Hospitals in England are in a flourishing state, and they must ever be so, I conceive.

“Before our Infirmary was established, there was a *Dispensary* here, which was supported in the same manner, and had the same medical attendance, and this is the general practice in England. A good Dispensary is much more useful than an Hospital, *unless the Dispensary is combined with the Hospital*, which is our case, and *ought to be always so*. I think the *Hospital department* should be considered as rather added to the *Dispensary*, than the Dispensary department to the Hospital ; when only *one* can be maintained, the Dispensary is decidedly the best, but both should be combined if possible.”

In this letter we have the opinions of one of the best authorities in existence, or perhaps that ever was in existence, on several points embraced in this inquiry ; an authority depending not on his medical and literary character, considerable as that is, but on his having devoted so much attention to the subject of medical charities, that it appears he himself

* From this it appears, that the Chichester Hospital admits fever cases, and being connected also with a Dispensary, may be taken nearly as a model for such district General Hospitals as are here advocated.

was the originator of the Chichester Infirmary; and I am informed, that in order to satisfy himself as to the best mode in which that institution could be established, he took the trouble of corresponding with the medical officers of all the Hospitals, and the principal Dispensaries in England, to enable him to select such of their regulations as might appear the best adapted to his purposes; we see he unhesitatingly condemns *our* system of county Infirmarys on two accounts; 1st, because there are too few medical officers attached to them, which he justly calls "your exclusive system;" and secondly, because our Infirmarys have not Dispensaries connected with them, and a sufficiency of hands to visit the sick at their residences when unable to leave them. But Dr. Forbes' letter is so lucid and forcible, that it is better to make no comment on it, but leave it to speak for itself.

The Sunderland Infirmary is a small one, erected about 1826 for fever, as well as for other medical cases, admitting casualties and serious surgical patients, of course. Like the Chichester Infirmary it is connected with a Dispensary, and both institutions are attended by the same medical officers; four physicians and four surgeons, with a resident house-surgeon. Dr. Brown says, "*without a subdivision of labour attention cannot be paid to those patients who are too much indisposed to come to be prescribed for; hence the most serious cases would be almost destitute of assistance.*" The house-surgeon of one institution gives the physicians and surgeons lists, sometimes very numerous, of patients requiring more attention and treatment than he is competent to furnish. *All the bad cases are thus brought under the care of qualified and experienced officers.*"

Contrast this with the mode of attending the sick poor in all the places (except one or two) in which there are county Infirmarys in Ireland, and little doubt can, I believe, exist, whether our "exclusive system," *under which the slighter cases only are seen, and the most serious left destitute of assistance,* (excepting the few who are taken into Hospital,) or the liberal and comprehensive mode of providing several medical officers, as in England, is the most likely to be effective for the benefit of the poor and advancement of medical science.

It appears then, that as the London Hospitals, and the Irish county Infirmarys, are conducted on a system differ-

ing widely from that which may be considered the most likely to work well in district general Infirmaries, and which does work well in the English provincial ones; the proportion of beds to medical officers in those Hospitals, is far greater than it ought to be in the latter. And as no similarity exists, or ought to exist, between them, it would be unphilosophical to infer, that because the most talented men in England belong to the London Hospitals, the medical officers of district Infirmaries in Ireland ought to be so appointed, that the proportion of beds to each should be on the same scale. The English provincial Infirmaries, therefore, being the only guides, that I am aware of, to safely direct us, it is necessary that we consider the difference between them and the institutions here proposed to be established. In most of the former, the medical officers attend the Hospital interns, prescribe for the externs that are able to come to be prescribed for, and visit such as are unable to do so, as already observed, at a distance of about a mile; on the plan I propose, the two first parts of the duty would be done in a similar manner, but in most places the extern or home patients would have to be visited as far as three miles, on which account a greater portion of time must necessarily be occupied than on the English system. It is also to be recollected, that when Infirmaries are established in rural districts, or when the towns are of small population, and there may not be more than two or three medical officers residing contiguous to the Hospital, such two or three may, on this plan, be intrusted with the duty, especially as under such circumstances the population of the district, and of course the number of beds, would be much less, perhaps in the proportion of three to five. I am decidedly against a greater number of officers than are necessary, for the reasons given by Dr. Walker, but where any doubt remains on the subject, would it not be better that the number be too many than too few; viewing the question only in reference to the sick poor? But if we extend our views beyond this, as I think we are fairly called on to do, and take into consideration the advantages derivable to the wealthier portion of the public, and to the medical profession, can any doubt exist, that if two, three, or four well educated men possess the practice of an Hospital, of from thirty to fifty beds, the Dispensary attendance of the town and neighbourhood in which they reside, and have to discharge *only* as much public duties as they can readily get

through, and for which they are fairly paid, such medical men will be much better practitioners, or that all the sick of the district, rich and poor, whom they are called on to attend will be more judiciously treated, and the sum total of good vastly greater, than if there be only one medical officer to such Hospital, even though he become superior to any of the others in consequence of his greater experience? But after all, I believe it will be found, that physicians acquire experience and judgment, not exactly in proportion to the extent of their Hospital practice, but *cæteris paribus*, in proportion to the attention which they bestow on such serious cases as come under their care. Now, if a physician happen to have too much private practice, to admit of his attentively observing such patients as come under his care in Hospital, is he not on an equality with one whose patients are fewer, but who has more time to devote to this more limited number? But it may be said, it is necessary that a surgeon shall have considerable Hospital practice, or he cannot possess that decision, tact, and expertness, so essential for a good operation. Granting the truth of this opinion, still other considerations must not be overlooked in such a state of society as ours; and the question then reduces itself to this, is it better that only one surgeon be appointed to each Hospital, that he may have the advantages of its practice in becoming a better operator, and thus have all the public, and, as a consequence, the greater part of the private practice of his neighbourhood; or that two or three be attached to it, each thus having considerable opportunities of improving themselves, and of being useful to those that employ them out of Hospital? In the consideration of this point, it should be recollected, that when only one surgeon is appointed, there can be no consultations, no competition, and that the operations are decided on, performed, and witnessed only by that one and his apprentices; but that if there are two or more, though the number of operations *necessary* to be performed may not be greater, each such additional surgeon will have the advantages of considering every case in consultation, and of witnessing every operation; advantages after all of no small value, and which ought to be extended as widely as possible, consistently with the proper management of our public Hospitals. If we adopt the reverse principle, and limit the appointments to one surgeon, merely because he is sure to become a better operator, then the sick in all

the English, and in a few of the Irish Hospitals, including those in Dublin, are done great injustice to. But will any one contend, that the operations are not usually and properly determined on after due consideration, and well performed in these institutions?

There are two other advantages which I should expect from such a combined system of Hospital and Dispensary attendance as has been here proposed. Three or four medical men residing in the same town, and frequently meeting and consulting together, would naturally get rid of any bad feelings they may before have had towards each other; and this on a large scale would make medical society, and the intercourse between professional men, very different from what we now know it to be; for painful as the admission may be, the fact is but too generally known, that unlike the members of every other profession, who usually have some points of attraction, and much kindly feelings towards each other, amongst medical men there are scarcely any, but on the contrary the most determined and open hostility appears to actuate a great portion of them, who are rarely on good terms with their neighbouring *confreres*; a circumstance often highly injurious to themselves as individuals, and collectively to the profession. The other advantage would be one of a more decided nature; at present when a private practitioner or a Dispensary attendant sends a patient to a Fever Hospital, or an Infirmary, he generally knows no more of him, no matter how much attendance he may have had on the patient, or how interesting the case may be. On the plan here proposed, all the medical officers of the extern Dispensaries, and the three or four attached to the Hospital itself, would be constantly enabled to observe the progress of every interesting case which they had under their care before removal to Hospital. For want of such opportunities of acquiring sound professional information, there can be no doubt that the medical men of this country are greatly injured, and that those for whom they prescribe must suffer in no inconsiderable degree also.

In proposing that all the medical officers of Hospitals and Dispensaries be fairly paid, in proportion to the duties imposed on them, I may appear to depart from the practice adopted in England, when it differs from that which I myself advocate. Perhaps also I may be suspected of having too much of the medical *corps d'esprit*, and am actuated by

a desire to benefit the profession at the expense of the public, by the salaries obtained at these institutions. But if I know myself, the chief object I have in view is, to suggest such measures as shall most benefit the poor. The consideration then is, how is this most likely to be accomplished? by the English system, under which, with very few exceptions, the medical attendants of Hospitals and Dispensaries give their services gratuitously? or by paying each physician and surgeon a fair, but not an extravagant remuneration for these services? The former practice has worked so well in that country, that were Ireland at all like it in point of wealth, or the state of society, there could be no hesitation in adopting it, though with some important modifications, as I have good authority for the fact, that though in the Hospitals, and the Dispensaries within a certain distance of these Hospitals, the sick are well attended to, "many of the Dispensaries are carelessly and injudiciously conducted." But this country differs so widely from England in every respect; and in none more than in the *materials* for raising and disbursing funds for the use of the sick poor; that the person must be either grossly ignorant of the *quantum* and qualities of these materials, or downright insane, that would expect the voluntary system; that under which Dr. Forbes raised £8000 in three months in the city and neighbourhood of Chichester alone; or the plan of gratuitous attendance, to be here satisfactory or effective. And further, I have no hesitation in expressing my decided conviction, that were England as poor, and as socially divided as Ireland, gratuitous attendance would soon become distasteful there; but as it abounds in wealth, and its people are fortunately united, a practice which indirectly repays the medical man for his public labours by an increase of private business, may, and does well suit it, and yet be very unfit for Ireland, which in both respects is so very differently circumstanced, though the materials for wealth greatly abound here also.

It may perhaps be better to consider gratuitous attendance on Hospitals, and on Hospitals combined with Dispensaries, separately, as the former is much less objectionable, and less likely to be abused than the latter.

Were it desirable to confine the duties of Hospital physicians and surgeons to attendance on the intern patients, and prescribing for externs two days in each week at the Hospital, there would be less objection to the receiving of gratui-

tous services in such case, than in any other department of public medical practice, as there can be no doubt, that at the present day medical men of talents and industry would be found to do such duty gratuitously. But I greatly doubt, that it would be as well done as by persons moderately paid. It is not, however, desirable, that physicians or surgeons should be appointed for Hospital attendance *only*, whether with or without salaries, as the sick poor of each district can be much better treated, and at far less expense, by combining the home visiting with the Hospital department, and giving each of the medical officers of the latter a share of such visiting. And when in addition to better and cheaper attendance, we have the machinery for affording considerable professional information to three or four medical men, who are so circumstanced, that in all human probability they will eagerly avail themselves of these opportunities, and thus secure to each town or district two, three, or four good practitioners in place of one, no rational or disinterested person can be disposed, if the correctness of these views be admitted, to imitate our county Infirmary practice in any new institutions. In large cities such Hospital gratuitous attendance may still continue, as in truth it is only for such it is at all adapted. But let it not be forgotten, that though the physicians and surgeons have no salaries in the Dublin Infirmaries, many of them actually receive, and all in their turn expect to receive, considerable direct pecuniary profits from the fees of apprentices, and those paid by students at these institutions, which are all schools of medicine and surgery. The same may be said of the Cork and Belfast Hospitals, though in a lesser degree. But county Infirmaries in places of small population cannot be made available in the same way, at least to any great extent, as they can only be a source of direct profit by the admission of a few apprentices. A system of gratuitous attendance, therefore, that works well in Dublin, or other large places, in which Hospitals may be used as schools of medical instruction, may not apply, and in truth cannot apply to similar institutions in the country. The first question then for our consideration is, whether the combined Hospital and Dispensary attendance here proposed is likely to be well done, if no direct remuneration or salaries be given satisfactory information on this point can only be had from these places in which such practice prevails. As far as my inquiries have extended, the information sup-

plied was uniformly in the negative; but I feel that it would be improper to mention the names of particular places from which I have had communications, and had such facts stated to me, as, if published, could leave no doubt on the subject; for such publication might injure several young medical men, who, though their attendance is not such as the wants of the sick poor require, still give a considerable portion of their time without any compensation. But this I may with truth assert, that no friend to humanity or science, were he aware of the circumstances that have come to my knowledge, would advocate gratuitous attendance on the sick poor, in any part of Ireland outside Dublin.

But can it be wondered that such should be the case? or rather should we not expect it to be uniformly so? Is it ever found, that duties which require considerable personal and mental exertion, day after day, and month after month, are well performed gratuitously? Do lawyers, attornies, or even clergymen, give their services on such conditions? why then should medical men be expected to do so? but if, from competition and other causes, some young and comparatively inexperienced person offer to *fill* such situations, is it in human nature that they will toil and sweat without the prospect of any compensation? The fact is, men will canvass for, and accept of medical situations, no matter how onerous the duties to be performed, but their exertions slacken in a short time, when they see how much labour they are called on to give without any remuneration. But it may be said, the governors are a check on them, and will not allow any considerable remissness. Those that think so are grievously mistaken. The governors will not give themselves much trouble on the subject unless the faults are very glaring, indeed, and a medical man may attend an institution for many years slovenly and negligently enough, and yet not put himself in a condition to be censured. But admitting that several instances of neglect appear, or are offered to be proved, I ask, will governors be very ready to censure one who gives his professional attendance without payment? will they not naturally feel or say, "it is true he has not been regular in his attendance, but how can we expect him to be so? should we ourselves work as much as he does without payment?" But on the other hand is it not clear, that where the medical officer is paid, *and the governors properly selected, the latter will feel themselves justified in insisting on regular attendance, and*

have much less delicacy in overlooking any considerable neglects?

On this subject I am glad to be able to produce high authority in favour of the position, that medical men ought to be moderately paid for their attendance on the sick poor. In the Report on the Dublin establishments, by Messrs. Latouche, Disney, and Renny, before alluded to, these gentlemen state, that the mode of attendance on the Lock Hospital, which was gratuitous for the first four years, "was soon found to be defective, as, with the exception of a few individuals, the attendance from the beginning was irregular, and this irregularity, besides being accompanied with injurious effects to the patients, created a variety of contingent expenses, which could with difficulty be restrained by effectual checks." Hitherto the duty was done by two physicians and ten surgeons in rotation, that the labour might be light, and the patients have the advantage of men of talents and experience. But the commissioners observe, "*the Board was after some time convinced, that where a daily and laborious duty is required from professional men, they have a fair claim to be paid for their time and trouble.*" Here, though Messrs. Latouche, &c. express the opinion of the medical Board originally appointed for the government and direction of the Hospital, it will be seen that they adopt it as their own, for they approve of the alteration made in the attendance, by which three senior surgeons were appointed at an annual salary of £182 10s. each, and three assistants at £50 each. There are no gentlemen in Dublin better acquainted with the management of medical institutions than those three commissioners; their opinion must on that account be considered as that of men who had ample opportunities of understanding the subject; and we may be certain they did not express this opinion without full consideration.

When a daily and laborious duty is required, as in Hospitals combined with Dispensaries, (or in the latter only, and the *quantum* of such duty considerable,) it should always be borne in mind, that it must be intrusted to the youngest and the least inexperienced, for the medical man of character and standing will not undertake it, or any considerable portion of it that would impose regular attendance on him. He does not require such adventitious aid; he has already reached a certain rank in his profession, and though such may not be the case in England, it is a well known fact, that

in this country, the physician or surgeon that is known to devote much of his time to visiting the poor, or that attends a Dispensary, I mean in towns of any considerable population, is sure to be the least employed, and to suffer in a pecuniary sense for his humanity. Gratuitous attendance, therefore, must always have this effect, that the least experienced only are employed, and that the services of those of more matured judgment, cannot be often made available for the poor. A plan that would insure the services of both would bid fair to be much the best.

But though, from a firm conviction of its injurious consequence, I am strongly opposed to gratuitous attendance in public institutions, I hope it will not be inferred, that I disapprove of such aid being given when any extraordinary visitation of Providence afflicts large masses of the community. On such occasions, the medical men of this, and I believe of every other country, are ever ready to give all the assistance in their power. But such epidemics ceasing, the ordinary attendance ought, in my opinion, to be fairly paid for, on every principle of humanity and justice—of humanity as regards the sick poor, who will not otherwise be well attended—and of justice to the medical profession, who, when well educated, ought to be moderately paid for such services as they are called on to render to the public.

ON WHAT PLAN CAN THE SICK POOR BE WELL ATTENDED WITH
THE LEAST POSSIBLE EXPENSE TO THE PUBLIC ?

This question, which has hitherto been scarcely at all discussed, at least in Ireland, is one that ought to receive an answer; and it is to be hoped that some of our English neighbours, who certainly understand the whole subject much better than we do, will throw that light on it which its importance in several respects deserves. Neither my time, nor the limited space that can be devoted to it in this work, permit me to treat it at any length, but I shall endeavour to explain the principle on which such a plan should be based, and suggest some regulations necessary to carry it into effect.

The principle I allude to, as may be collected from what has been already stated, is the combining of general Hospitals with Dispensaries, under such regulations as will insure

that all patients that absolutely require admission into Hospitals shall be admitted, but that those who can be sufficiently attended in their own residences, shall receive such attendance from the medical officers of these Dispensaries. This plan may be said to be founded on the knowledge of these two facts; 1st, that the average of Hospital patients costs much more than those that are treated by the medical officers of Dispensaries in their own residences; and 2ndly, that many are sent to Fever Hospitals and Infirmarys, who could be done full and *sufficient justice to as home patients*; and, consequently, that they cost the public much more than is necessary for their relief or cure.

An examination of the ninth Table shews the expense of each patient admitted into forty Fever Hospitals; the *maximum* being £5 3s.; the minimum 11s. 1d.; the *mean* average 37s. 10d. But as several of these institutions are connected with Dispensaries, and until lately the Hospital and Dispensary accounts were not properly separated, the certain expense incurred for each patient in Hospital could not be accurately given. I am however of opinion, that the above sum is higher than the actual expense; for I find by the returns of ten Fever Hospitals,* which are entirely unconnected with Dispensaries, and admit only fever, or mixed febrile cases, that the *mean* average cost of each patient was £1 8s. Now all who have had Dispensary practice, or who occasionally attend the poor at the residences of the latter, well know that a great proportion of those febrile cases usually received into Fever Hospitals can be supplied, and well supplied too, with suitable food, drink, and medicines, at considerably less expense than twenty-eight shillings for each patient. It is now impossible to say what the average cost of such patients would be, but taking many circumstances into consideration, I do not think it would exceed ten shillings each, and I much doubt that it would be so high, *as a great number of these patients would gladly accept of advice and medicines, and would provide themselves with nurse-tending and every other necessary*. It appears from the Fever Hospital Report of 1832, that many of these *lighter* cases are attended at their own residences by the

* Those at Armagh, Cavan, Carlow, Wexford, Cork, Tralee, Limerick, Nenagh, and Waterford, and the Cork-street Fever Hospital in Dublin.

medical officers of some Hospitals, either from a knowledge of the fact, that such practice is *safe*, or from want of Hospital room, or both. In the Report from Bandon it is stated, that of 2,612 who had received medical aid in 1829, 110 had fevers, seventy-two of whom were admitted into Hospital; of 2,994 recommended in 1830, 234 had fevers, of whom 171 were admitted into the Hospital; and in 1831, of 3,042, those affected with fevers were 336, of which number 152 were received; so that in three years, 395 were admitted, and 385 treated out of Hospital by the medical Dispensary attendant, which number, at the rate charged in the return, would have cost upwards of £300. In 1834, the number admitted into the Roscrea Fever Hospital was 260, whilst the extern fever cases attended by Dr. Kingsly and his assistant, were 371. These two instances, which I give from a considerable number, shew that, either as a matter of choice or receipt, the practice of attending fever cases is adopted even in those places in which there are Fever Hospitals of considerable extent and resources. And that such practice is safe as well as economical, the following will shew. The admissions into the Westport Hospital during the epidemic of 1817,* 1818, and 1819, amounted to 231, of whom seven died, whilst of 428 cases treated *as externs*, only six died; 306 were attended by the Dispensary officer at Killala, (where there was no Fever Hospital,) in two years, and only five died; ninety-one were attended by the Newtownbarry Dispensary, and only one died; 434 by the Enniscorthy Dispensary, of whom but three died; the Parsonstown Dispensary treated 321, of whom only three died; and the Killucan 427, and but three deaths; of the entire number so attended as externs, the average proportion of deaths to the sick, was as one to ninety-five, which shews how mild the illness of a great many must have been, as the average mortality in the four provinces, was as one to twenty-three of those admitted into Hospital.

With regard to the admission into Infirmaries of many light and chronic cases that could be done sufficient justice to in their own residences, I believe the fact is well known to all who have been in the habit of visiting these institutions. I lately visited a small county Infirmary in which there were

* Barker and Cheyne on the Epidemic Fever in Ireland.

seven *patients* with chronic ulcers of the legs, who, though requiring *some* surgical attention, would have been fitter subjects for a house of industry, or, if supported at home, could have been as well attended to and as much relieved. But if the reader have any doubt on the subject, let him only examine the eighth table, constructed from official returns furnished by the governors of county Infirmaries, and unless I greatly mistake, he will there find sufficient internal evidence of the fact, that light and chronic cases, not attended with much danger to life, are admitted into these institutions in a greater proportion than one could expect, or than can be necessary. By the second column, which gives the proportion of deaths to admissions, it will be seen, that whilst several Infirmaries have had a mortality of five, six, and even $7\frac{2}{7}$ per cent., the deaths in fifteen have been less than four per cent., in some less than two, and in one Hospital not even one in 100 has died, a proof that the cases could not have been of a very serious* nature, unless it can be shewn that the medical officers of these charities possess some extraordinary skill in averting death, not known to the Hospital surgeons of this or any other country, to which, favoured though they are above all others, I am not aware that they lay any claim.

But in regard to the Fever Hospital admissions, it may be thought that, though the mortality has been in several instances so very low, still all were fit subjects, being either cases of infectious fever, which required removal to Hospital to prevent the extension of that disease, or sub-acute inflammations, that required it for their more speedy and effectual cure : such a supposition would, however, be very erroneous, for patients are frequently sent to Houses of Recovery, who not only are not affected with fever, but whose illness

* The same appears to occur in some English Hospitals, for, in his letter to me, the Rev. C. Oxenden observes, " I am of opinion, that many *unfit* cases are sent to Hospitals, both incurable and *trivial* ; such cases could be much better and more fitly treated at home." Were I to venture an opinion, I should say, from my own observation in English Hospitals, that incurable and trivial cases are admitted to satisfy the feelings of governors, who, though they subscribe liberally, may not always make the best selection in the recommendation of patients ; it is difficult to refuse such if there be Hospital room, and I would say the *trivial* cases are mostly medical, females with nervous affections, of whom I thought I had observed rather an undue proportion.

is not sufficiently serious to need removal. Nay, such patients are often *forced* into Hospital, contrary to their own inclinations and to that of their friends; or if they refuse to go there, they are not attended in their residences, thereby reversing the very practice which ought to be adopted, for several reasons. 1st, It makes the Hospital department unnecessarily expensive; 2dly, it takes patients from their friends, who are both able and willing to support and nurse-tend them, and who only require medical aid; and 3dly, such as refuse to go to Hospital are generally neglected.

That the system I have here disapproved of is attended with much expense that might be saved under a different one, is evident from what has been already stated. But the public and some of the profession may not be so easily convinced on the second point, which, however, is equally certain. I shall therefore adduce an authority that will I think remove all doubts on the subject.

At the conclusion of his "Observations on English Hospitals," Dr. Walker says, "I have only to recommend, when the population is numerous, and no local objection exists, the union of the Dispensary system to our Infirmarys, as in many instances a more *acceptable*, and at all times a more economical mode of relief than admission within the walls of an Hospital. It should never be forgotten, that the sole and legitimate object of all Infirmarys, is the admission of such cases as cannot receive the same relief at their own houses, and that the separation of the sick from their families should cease, whenever they can be equally well relieved as home patients; for it should never be forgotten, that the end of medical charities is not to remove the sick from their friends, but to remove *only those whose recovery could not be so well attempted at home*. In all other cases, the separation of a patient from his family, has a tendency to weaken the domestic ties of life, to defeat the salutary end of all sickness, as well as to *alienate the charity funds from cases of more urgent necessity*."*

In reference to the same subject, and to the superior advantages of combining Dispensaries with Hospitals, the same talented and benevolent individual has favoured me with the following:—"It seemed to be the opinion of

* Midland Medical Reporter, p. 337.

some, that the system of Dispensaries for visiting home patients should not be connected with the Infirmary ; that the object of an Infirmary was to receive within its walls such patients as required frequent attendance. But my own experience, as well as that of many of my medical friends, convinced me that the reception of a few cases as in-patients, would but ill requite the poor for the inestimable privilege of being visited so extensively as they now are, that is *in all cases accompanied with danger*. We seldom visit less than six or seven hundred patients at their own homes every year, many of them daily for weeks together ; and the poor here were so well satisfied with this, that I was repeatedly assured by them of the high value they set upon this privilege, for in many of them, there is a feeling of delicacy which recoils at the idea of becoming an inmate of the walls of an Hospital. Besides, it is never proper, when it can be avoided, to separate a sick man from his family. In no case when a patient can be *as conveniently relieved at home*, and when there was no suspicion of infection, would I transfer those duties which belong to the wife or mother to the hands of a stranger. I have always thought, too, that the indiscriminate removal of such objects without a paramount cause, was calculated to defeat one wise end of Providence, by withdrawing what were designed to be salutary beacons of mortality, from the eyes of those most likely to profit by them. Unhappily, however, too numerous are the cases of extreme penury, where a temporary separation can alone avert the danger, and when the comforts of a clean well-aired ward are advantages unattainable at home ; and many lives, I am assured, are annually saved in this way, that would otherwise have fallen a sacrifice to want of means and insufficient treatment at home. Now, if both these advantages can be combined in the same system, we shall, I conceive, go far to meet every object which humanity can aim at."

These are the opinions of a man who has been above twenty years engaged in attending the poor, who visited most of the Hospitals in England to obtain information respecting their advantages and defects, that himself and his neighbours at Huddersfield might avail themselves of such information in the erection of an Infirmary, and in devising the best system for the relief of the sick poor of their district. His suggestion, that no patients ought to be re-

moved to Hospital, who could be properly attended to at home,—the distinction he so accurately makes as to these patients,—and the impressiveness of his objections to “an indiscriminate removal without a paramount necessity,” are such as must command universal consent and admiration.

Now, why are patients forced into our Fever Hospitals, whose cases are such as to admit of proper treatment at home? And if from any sufficient cause they or their friends object to such removal, why be deprived of mere medical attendance? This part of the subject is, I think, but imperfectly understood; a few observations may not therefore be unnecessary.

It is well known that Houses of Recovery were established in this country, not, as many may suppose, for the *mere* relief and cure of the sick poor affected with fever, and to prevent the extension of that disease, but partly with these benevolent objects, and partly also *for the preservation of the more wealthy classes*, as it was found in many places, that some of the latter suffered where epidemics prevailed. The Committees of these institutions are chiefly confined to the same class. They are, with few exceptions, *ultra* contagionists, believing most, if not all cases of fever to arise from infection; and having scarcely an idea that the most malignant we meet with are generated, or produced without a possibility of their being traced to an infectious source, all their energies are directed to prevent the extension of fever by contagion. Hence, one regulation of many Fever Hospital and Dispensary committees is, that all persons recommended for advice, shall be removed to Hospital *if considered by the medical attendant to be in fever*, naturally considering it the best mode of preventing others from taking the disease, and of curing the patient. So far all would be well, were a sufficient number of medical officers appointed to each Dispensary and Fever Hospital district; but where such is not the case, the medical attendant must endeavour to congregate as many as he can into the Hospital, where he loses much less time in visiting them than at their own homes. He therefore gradually gets into the habit of sending *light and doubtful* cases, to save the time of a second visit, and also sub-acute inflammations as many so nearly resemble fever, that the difference is but little perceptible, at least to the sick or their friends. The sending of that class of patients therefore into our Fever

Hospitals and Infirmaries, which Dr. Forbes and Dr. Walker would have left to the care of their relatives as home patients of Dispensaries, arises a good deal from the insufficiency of medical officers with us, not from any fault on the part of the latter generally; and also from the principle itself not being understood in this country. But that such practice exists is beyond all question, and of the way in which it happens I shall select a few instances, from many which have come under my own personal observation.

A man, whose wife had died some months before, got ill, and was visited by the Dispensary Doctor, who *at once* declared he had fever, and must go to the House of Recovery. The patient demurred, but was told he would not be visited again unless he complied. Another medical man was sent for, who after taking some pains to inquire into the cause and history of the illness, considering it to be a case of pneumonia, bled the patient freely, and treated him solely with a view to relieve the affection of his chest. In three days he was out of bed, and never had the slightest appearance of contagious fever. A tradesman was a week ill; his wife got a recommendation from a subscriber to the Dispensary, and on leaving it, reported the man to be unable to leave his bed, and requested that he should be visited. In two days no doctor came, and thinking that another subscriber's recommendation might be more attended to, the woman procured a second, which was left at the Dispensary with the same request as before; on the second day after, seeing the Dispensary surgeon pass her house, she prayed him to come in and see her husband; he did so, but he examined him in so hurried a manner, as to scarcely admit of his making himself acquainted with the man's disease, at least such was the impression on the family. Some medicines were sent him however, and the wife called occasionally at the Dispensary to report progress; but no second visit was paid, though the man continued very ill, and had five children starving about him. A week after the Dispensary surgeon's visit, another medical man who happened to pass this patient's door, was requested by his poor wife to visit him. A picture of indescribable distress presented itself. The husband lay on a wretched *sop* of straw, covered by just as much bed clothes as were barely sufficient to cover, but not to protect, him from the cold; his sunk eyes and haggard countenance bespoke want of

food as well as disease. His wife and children, though not sick, looked almost as haggard as their father, for they had lived on the coarsest and the most scanty fare for several days, and the only articles of furniture or dress that could be made available in the pawn office, had been pledged to procure such food and drink as it was supposed the husband required. Two things appeared necessary for the man's support, viz. fit medicines and food for himself, and food for his family also. Some money was given to procure the nourishment, and the history of his case carefully inquired into. He was affected with a quotidian ague, the remissions being so short, as on a careless examination might lead one to suppose he was affected with continued fever. Appropriate remedies were used, the man regularly visited, and in a few days his medical attendant had the satisfaction of seeing him quite recovered, and soon after at work. A poor woman asked a medical man to visit her daughter; before examining her, he was told that the Dispensary surgeon who had been to see her that morning, said she had fever and must go to Hospital, but her mother declared she should not, as her son had lately died there; and if her daughter were in fever, she should at least have her (the mother's) attention. On examining the young woman, who was in a comfortable well-ventilated room, and had every thing clean and regular about her, it was plain she was only affected with very slight acute rheumatism, of which she got so well, as to be out of bed in two days, and at work in two more.

Now the first and last of these cases were such, as ought never be sent to Hospital, whilst the patients and their friends are willing to have them treated at home. Both, if so treated, would not have cost the Dispensary one shilling for medicines, and very few visits from the Dispensary surgeon would have had them convalescent. But if admitted into Hospital, they would have cost the public £2 5s. 4d. the average expense of each patient in the House of Recovery being £1 2s. 8d. The second case would have been a legitimate one enough for a Fever Hospital, *if disposed to go there*, but not otherwise; his case, had he been *early* and promptly attended to, could not have cost 2s. 6d. His wife was cleanly, active, intelligent, and most anxious to nursetend and watch him; where then was the necessity for his removal to Hospital, at an expense of £1 2s. 8d.?

only because the governors do not provide a sufficient number of medical officers to do the Hospital and home visiting duty, and therefore, the medical attendant naturally wishes to make intern patients of as many as he can; and when cases occur where reasonable doubts exist as to their having fever, the authority with which he is visited, and the want of any control, (for he fears none from the committee,) and his own convenience concurring, he consults that convenience, and if the sick person under these doubtful circumstances refuses to go into the Fever Hospital, and it is very natural many should so refuse, still he feels at liberty to decline any further attendance on such sick pauper, and in doing so he is supported by the governors.

This, as before observed, is the very reverse of economy, for the patients so unnecessarily sent into Hospital, cost the public more than the salary of an *extra* medical officer, to assist in visiting the sick at their homes. It is, besides, the reverse of humanity, for if the evidence of contagion be not decisive, the person recommended has every right to home attendance.

It may be necessary to remark, that though I have given the above instances from personal observation, the town in which it occurred is not the only place in which this practice is adopted. On the contrary, I know of several myself, and have no doubt there are many in which the same system prevails. A general regulation, therefore, appears necessary to remedy the evil, and this can only be put in force by the employment of a sufficient number of medical officers,* in proportion to the duty to be performed; each being strictly obliged to send only such patients to Hospital as cannot be done justice to at home.

The medical reader who is uninfluenced by interest or prejudice, will, I think, readily admit how useful it would be, both to the patients and to the medical profession, if four, five, or six of the practitioners residing in the town and neighbourhood of each general Hospital, were entitled to be present at all operations of importance on fixed days and hours. By such an arrangement, great ad-

* If it be objected that such officers would send in unfit patients to lessen the labour of visiting, as I know might be done under certain circumstances, the system of inspection and control hereafter to be explained, would, I think, be found sufficient to prevent such practice.

vantages would be gained by the medical officers of the Hospital, as well as by those holding the *extern* Dispensaries. The latter would be thus enabled to see the progress of every interesting case, which they themselves had under their care or had sent to Hospital, and the former would have opportunities of receiving much valuable information *orally*, which the Dispensary attendant could not perhaps have had leisure or inclination to *write*, for many cannot be induced to give written information, who are well disposed and very capable of communicating it in a personal interview. The only objection that I know of to this practice is, that too great a number of professional men may confuse an operator, especially if he happen to be on bad terms with any of them, and is apprehensive of criticism or remarks on his manner of operating. But granting that there may be some force in this, is it not clear that so many advantages are derivable from their presence and assistance, that a doubtful objection should be disregarded; for after all, the surgeon who is too nervous to operate well under such circumstances, is perhaps just the person most incapable of operating well even in private, where his incapacity and blunders must be more injurious to his patients, though unknown to the profession. On this point, Dr. Walker suggests, that one or more surgeons of the town be invited in rotation to attend the operations. "An Hospital," he truly observes, "is allowed to be the best school of surgery; it is desirable to embrace every proper opportunity of extending its benefits in cases of operation to respectable practitioners, especially if they are subscribers." In this I fully agree, but in place of granting the privilege to those who happened to be subscribers, I should give it to those who had been for a certain period physicians or surgeons to the Hospital, or to such as in any way particularly exerted themselves in attending the sick poor. Those who should then be excluded could not with any justice complain.

Another proposal of the same gentleman deserves to be universally followed, he says: "it is of the last importance that Infirmarys should be rendered as accessible as possible to young men educating for the profession, and that every liberality should be shewn to those who seek for improvement. To allow every apprentice of the surgeons of the place, during the two last years of indentures, on paying three guineas annually to the charity, to attend the surgical

operations, and to attend the physicians and surgeons at the hour of visiting patients, would produce a two-fold benefit. It would add to the funds of the charity, and, what is of no less consequence, would materially tend to the improvement of the future guardians of the public health. I am aware that it has been objected, that such a proposal would encroach on the prerogatives of the professional men, especially of the surgeons who give their gratuitous attendance to the Hospital. But the pupils of surgeons would still have the superior advantages of being dressers, and a field of experience is opened to medical officers, which, to say nothing of higher motives, affords in most instances its well earned rewards in the increased confidence of the public." *Midland Medical Reporter*, page 328.

It is scarcely necessary to observe, that if the medical officers be paid, this objection to the admission of any apprentices, except those of the attending surgeons, is removed.

I would request of the reader to consider the immense advantages of having every Infirmary, Fever Hospital, and general Hospital in Ireland conducted in this liberal manner, by which the greater part of the medical profession, and as many of those who are in progress of education for that profession, as are capable of deriving any benefit from attendance on these institutions, would have full opportunities of observing all that was worth seeing in them; and then contrast such a system with the present, under which only one medical officer, and a very limited number of apprentices have the privilege of attending a county Infirmary, and one or two, in general, each of our Fever Hospitals. There can be little doubt, I believe, which is most certain of benefiting the sick and of promoting medical knowledge.

ESTABLISHMENT OF GENERAL HOSPITALS AND DISPENSARIES.

In estimating the expense of altering, enlarging, and erecting a sufficient number of Hospitals and Dispensaries, I do not, of course, pretend to be very accurate; but I have reason to believe, that the sum above mentioned would be quite sufficient for the purposes, *if judiciously expended*. By which I mean that the works should be *plain, but substantial*, and conducted under the inspection of, and from

plans given by, men practically acquainted with the subject of Hospitals. Unless done in this manner, double the money would not, perhaps, answer the purpose ; but utility not ornament should be the chief object. In this view of the matter, I am borne out by Messrs. Latouche, Disney, and Renny, who observe, when recommending the opening of two venereal wards in each county Infirmary, " that such Hospitals (county Infirmaries) do not require to be grand in design, or magnificent in structure ; a plain building, placed in an open situation, with moderate sized wards, aired by cross ventilation, neatly plastered and moderately whitewashed, is, when properly furnished, all that is wanted for the comfortable accommodation of the sick." These gentlemen are much better authorities to follow in the present instance than government architects, or any others who would persuade us that palaces, such as our District Lunatic Asylums, are necessary for the cure or relief of the sick. It is very truly stated by the anonymous writer of a very able article, " On the Inexpediency of erecting Foundling Hospitals," (Edinburgh Medical and Surgical Journal, July 1805,) " that as the various and numerous distresses of the poor far exceed any funds which could be collected for their relief, *whatever is not applied in the best possible manner is misapplied, and therefore, in their distribution public utility should alone be consulted.* The first object of charity, in all instances, is to perform the greatest good with the least means." The example of England, where Hospitals have been erected on a scale of great magnificence, and with a proper regard to architectural beauty, cannot apply to Ireland. There, the funds are contributed by the numerous wealthy individuals of a very rich community ; such persons have a right to build as grand and as elegant structures as they please, both for the cure of the sick, and the embellishment of their cities and towns. But in a country comparatively so much poorer, yet so nearly approaching to it in population, where it is universally admitted, that by no possible exertion could sufficient funds for the establishment or support of medical charities be procured by subscriptions or donations, a very different scale of expense should be laid down for the erection of Hospitals; otherwise so much may be expended on *building*, that, perhaps, it may be somewhat difficult to obtain funds for the support of the *patients*.

Many who may be disposed to agree in the expediency of erecting Hospitals wherever they are necessary, will probably object to the erection of Dispensary houses, at such an expense as £134,000. But it should be recollected, that several medical men may be well disposed to accept of a country Dispensary, where a tolerably comfortable house is ready for their reception, who would not choose to do so if obliged to reside in an incommodious one which had to be rented. A second advantage arising from it would be, that the site might at once be fixed in the most central place, and residence be at once and always insured, and no interference by influential persons could afterwards cause the medical officer to reside in an inconvenient part of the district; such a plan, beside, would be the least expensive, for no medical man could get a house for £12 year, equal to one built for the special purpose; and it should be an object to make the Dispensary attendant pretty comfortable, as frequent changes are neither good for the public nor for him.

Another view of the erection of these district Hospitals and Dispensaries may, I think, be fairly taken, without its being supposed that the writer has the most remote intention of connecting it with any political matter, a circumstance which, throughout the work, he has carefully avoided. It is admitted on all hands, that the employment of capital in Ireland is an object of paramount importance, and that none can be more useful than that expended on works which require much manual labour. The money laid out in the altering and erection of Hospitals and Dispensaries would not only be expended on these principles, but some important advantages must be derived from it, not generally had from other public works. Canals, rail roads, the improvement of particular rivers or harbours, and making of good roads through unfrequented parts of the country, the building of District Lunatic Asylums, and other expensive public buildings, either for general or charitable purposes, are all useful and desirable; but it is a fact which will not be denied, that though the funds so expended are very useful whilst employment is given, some of these public works have not been as useful as was expected, certainly not in proportion to the sums expended on them, a circumstance which may often occur from a variety of causes, without calling in question the expediency of having undertaken them. But in the case of Hospitals and Dispensaries, no

such circumstance is likely to occur ; when once established they must be permanently useful, if only judiciously conducted ; and this utility would extend to every class in the community, though of course most to the poor. In their establishment, not a single shilling need be unnecessarily expended, as each can be designed in proportion to the probable ordinary wants of the population of the district for which it is intended. Can it be said of many other public works, that no unnecessary expenditure has taken place on them ? Again, when considerable sums are laid out in the improvement of a few places, though the work be one of great utility, and the objects fully accomplished, still few, except those labourers and tradesmen residing within a certain distance, are employed. On the contrary, in the erection of Hospitals and Dispensaries, not only every county, but several parts of each county, would equally feel the advantages afforded by giving employment. And lastly, though the sum expended in each district might not be much, the favourable impression produced by it on our peasantry, would be far greater than if double the amount were laid out for other purposes. They would see that whilst employed on the buildings, the object of affording such employment was, to provide an asylum or a means of relief for themselves and their friends, when any serious illness should afflict them ; such works on a general, though not expensive scale, would, therefore, create better feelings, independent of the value of the employment afforded, than others of a much more costly nature, as the poor would see that they were intended solely for their direct benefit, a feeling not so easily impressed on them in respect to other public works.

It is possible that some unfeeling economists may object to such outlay of public money, considering, or affecting to consider, the precedent to be bad, and that the present laws are sufficient for the establishment and support of as many medical charities as are wanted. With regard to precedent, we have that already established in the case of county Infirmarys, and District Lunatic Asylums. Both were considered necessary, and laws were passed to have them erected entirely at the public expense, and lest the county authorities should not put these laws respecting the latter into execution, government was invested with authority to do so. Now, I would ask, are county Infirmarys or Lunatic Asylums more necessary, or more useful in the most com-

prehensive sense, than such general Hospitals and Dispensaries as are here proposed? With respect to the probability that a *sufficient* number (I am no advocate for more than are absolutely necessary) of medical institutions will be established by the county authorities, he must be very credulous indeed, who, in the present depressed state of agriculture, and under the excitement and bad feelings unfortunately arising from various political causes, should entertain any such expectation. In 1830, the Committee on the State of the Irish Poor, in reference to the existing laws respecting Fever Hospitals, emphatically report, “ your Committee have observed *with surprise and regret*, that in the provinces of Ulster and Connaught, no adequate provision is made for fever cases, and that in many counties no Fever Hospitals have been built. Those who neglect the discharge of a duty so necessary, as well on the grounds of benevolence as policy, incur a most deep and serious responsibility to the public. It appears to your Committee to be of the utmost and most pressing necessity, that the attention of such grand juries as have been hitherto negligent of this important duty should be called to the subject, as in case they should not make the necessary presentments without delay, the recommendation of many intelligent witnesses examined, would suggest that the erection of Fever Hospitals should be made compulsory, a recommendation on which your Committee suspend their opinion, till it shall be clearly ascertained whether such an alteration of the law may not be rendered unnecessary by the grand juries themselves.” Five years have since passed, and what progress has been made in the establishment of Fever Hospitals in Ulster and Connaught? In the former, one has been erected in Downpatrick, where, there being an Infirmary, it was least wanted, though still, of course, necessary enough, and through the liberality of the Marquis of Hertford, and the humane activity of his agent Dean Stannus, another in Lisburn,* where of all parts of the county Antrim, it was least wanted also. In Connaught no House of Recovery has been established since 1830, unless that at Ballinasloe be excepted, which,

* I am indebted to Dr. Wethered, one of the attending physicians, for a very excellent Report of the Lisburn Fever Hospital, but too late to be embodied with the other Reports. It was intended to contain thirty-two beds, was opened on the 1st of January, 1836, and from that to the 21st of April,

if my information be correct, and I think it will be found so, is of less *value to the sick* than to others. In some counties of Leinster and Munster greater exertion has been made, but one or two Hospitals in a county, with small funds, and admitting patients from limited districts, is only, as if in a season of famine a few were fed, and the multitude left to starve.

In estimating the probable annual cost of each district Hospital, I have merely taken a sum, which would, I am certain, cover all the expenses in ordinary seasons; that is, sufficient to pay the medical officers of the Hospital and home Dispensary, the expense of medicines, and the support of the intern patients.

The expenditure of a Dispensary is more readily estimated than that of an Hospital. The sum of £150 is merely intended for the salary or salaries † of one or two medical officers, and to pay for medicines and the few contingencies that would be wanted for such a charity; £100 cannot be considered too high for a man who devotes so much of his time to attendance on the poor; such a salary, with a house rent free, would induce well educated surgeons to accept of these situations; and the private practice of the district would add considerably to their incomes, when none but fit objects were recommended on the charity. I am persuaded there are many now attending Dispensaries, who would prefer £100 a year under such conditions, to £150 with the many bitter annoyances of the present system.

With regard to the sources from which I have suggested that funds should be raised, there may be a variety of opinions as to the propriety of such a departure from the exist-

1834, admitted ninety-two cases, five of whom died. "A great number of the patients had fever of the most malignant form." It was got up chiefly through the exertions of the Dean of Ross, the Marquis of Headford giving a large donation and a site rent free, and is entirely supported by an assessment on that nobleman's property, which includes a circumference of from thirty to forty miles. One of the rules is, that "as the county of Down does not contribute to the charity, patients from that county will be admitted on payment of 10s. 6d. for each.

† In several, it might be more expedient and economical to employ an apothecary to compound the medicines, and to visit minor cases. In others the duty might be more satisfactorily done by being divided between two surgeons, but in this case the district to be attended by each should be defined.

ing system. But I have only come to the conclusion, that by such means only, can a sufficient number of these charities be adequately supported, and in this view I am fully borne out by the opinions of many highly respectable and intelligent land owners, whom I made it my business to consult on the subject. It is also the almost unanimous opinion of those members of the profession who have adverted to it in their correspondence with me. Had time permitted, it was my intention to give extracts from the communications of both; but I shall now only remark, that there is no point in the whole subject of medical charities, on which all are so generally agreed, as on the necessity of abolishing subscriptions, and substituting a compulsory provision on property or income, provided effectual checks can be had against the misapplication of the funds so raised. These checks, I have no doubt, can be effectually obtained by the plan of control and inspection which I shall just now suggest. And indeed the system of assessment itself would bid fair to be a very powerful one, as it would be the interest of each tax payer to see that the funds should be faithfully disbursed, whilst their being equally raised off the absentee and non resident, as well as off those who reside, would be a sure guarantee that a sufficient sum must in all cases be granted for the use of the sick poor.

This appears to have been the opinion entertained by the Committee on the State of the Irish Poor, for it adverts to a *compulsory* provision in the event of Fever Hospitals not being established under the present *optional* laws, and alludes to the fact, that the annual expenditure necessary for pauper lunatics, was provided for by such compulsory mode. It is true, that in regard to Dispensaries, that Committee has expressed a strong opinion in favour of the system of making private contribution an indispensable condition to the grant of county assistance; adding "the principle, sound in itself, must have the effect of fixing Dispensaries in the positions in which they are most required, as well as of interesting a certain number of subscribers in the due administration of establishments to which they themselves contribute." There is, no doubt, much truth in this, for many Dispensaries have been established where necessary, and many governors have taken an interest in seeing them well managed; but still the defects of the subscription system are great and many, and there appears no reason to suppose that a gentleman who pays a certain amount of taxes towards the sup-

port of a charity, and is on that account *eligible* to be one of its governors, will not be as interested in its due administration as if he had paid the same by subscription.

Without a compulsory assessment, will there ever be sufficient provision made for the sick poor of this country? This simple question is, I think, clearly answered by the insufficiency of Fever Hospitals and Infirmaries. If the optional system be sufficient, why have not the poor of the county of Mayo had the advantage of a single presentment for a Dispensary these two years, or why have so many parts of Ireland, in which fever has again and again committed such ravages, never had the benefit of a Fever Hospital? Can it be thought that the existing half optional, half compulsory system, has not had sufficient trial, or is it expedient that in a matter of such moment, where the lives and health of vast numbers are concerned, we should wait the too slow working of laws, which, whilst they reflect infinite credit on those with whom they originated, like many others equally well intended, have, from unforeseen circumstances, evidently failed to effect the objects contemplated by humane and intelligent statesmen. In a word, I am satisfied that generations must pass away, and thousands upon thousands of the sick poor be sacrificed for want of medical aid, before the laws now in force, or any short of direct compulsion, are efficient for raising adequate funds and for having them properly disbursed.

In estimating the probable annual rental of land in Ireland, I have taken that suggested by one, than whom I know no better authority on the subject, Mr. Staunton, of Dublin. He has been kind enough to give me his opinion respecting it, and says it cannot be above thirteen millions. I have made it £750,000 less. He estimates the average yearly value of houses in Dublin at £41 10s. each, in such towns as Clonmel at £31, and in smaller places at £21, and suggests that the average be struck from these three. But I have taken the average from a much lower rental on houses, wishing rather to underrate than otherwise. Whether I am nearly correct in supposing the total rental or yearly value of lands and houses to be about fifteen millions, is a matter of no importance; the principle on which the funds are to be raised is the chief consideration.

If it be admitted then, that a compulsory assessment for the support of our medical charities is become expedient, the next point to satisfy ourselves on is, in what proportion shall

it be placed on the only two classes from whom it can be obtained, the land owners and the land holders. I suppose no one will deny, that the proprietor of an estate, of 1000 acres, suppose, has a moral right to contribute towards the support of such charities as it may be found necessary to establish in the district in which he possesses such estate, merely because the owner is a non-resident or an absentee, or chooses to shut his door against those who collect funds for these charities. At present the gentry and middle classes in towns pay about half the funds raised for Fever Hospitals and Dispensaries; the other half, together with the four-fifths of that obtained for Infirmaries, is raised by a land tax; and the entire funds for Lunatic Asylums is had in the same way. Now if it be found necessary to give up subscriptions altogether, is it not evident, that by throwing the entire expense on rent, the landlord is directly exempted from the payment of a sum which he gave voluntarily before, in the shape of a subscription, and that his tenant has that sum thrown on him as the occupier to whom the tax gatherer will resort? No landlord, who heretofore supported these charities by subscriptions, in proportion to his means and the necessity of the case, will therefore object to such a compulsory tax, as, whilst it compelled his tenant to pay the whole, would give the latter a claim on the former for the one-half, that is, for such proportion as his subscription might have amounted to. But there are landlords, both absentees, non-residents, and residents, they former two classes especially, who do not subscribe, or only contribute so little in proportion to their income, that they may be said to have been hitherto exempted from those demands, whilst others constantly pay for the support of the sick poor. Some of these may, perhaps, object to a tax which would compel them to contribute a fair proportion; but how can they with any propriety do so? True, they have hitherto evaded the payment of subscriptions, because the legislature considered that when it gave a power to raise a sum by assessment, each person who had a moderate income would subscribe, in order to qualify himself to be a governor, or give such donation as humanity dictated. Now, the very reason a compulsory tax becomes necessary is, because these persons have not subscribed or given in proportion to their means. Their tenants, if able, had to pay the assessment; the humane contributed their portions; but they paid none. One great value of a compulsory tax is, that it reaches all; the absentee,

the non-resident, and the unfeeling resident, and relieves the charitable and the generous, who hitherto contributed more than their fair proportion; the next recommendation of it is, that it enables the proper authorities to raise as much as may be necessary for the wants of the sick poor, either on ordinary occasions, or on the occurrence of alarming epidemics.

But it is to be hoped, no one will object to subject the landlords to such a tax, as I believe generally they are as well disposed to assist in the good work as any others, and only require that the proper way should be pointed out to them. If, however, it be supposed that one-half the tax is too great a proportion to throw on them, that is a mere matter of detail; but if my estimate respecting the total probable expense of medical charities be correct, I do not think they would have much reason to complain: one per cent. on income is but a very moderate tax in a country in which there are no poor laws, especially when, by the payment of that sum, they are entirely relieved from all subscriptions or donations for the erection or support of Hospitals and Dispensaries. Under such a law, a gentleman with an income of £1000 a year, would have to pay only £10 per annum. To those who never paid before, this may appear a hardship; but many who support our charities would find it a saving to them. I know several that contribute in a far greater proportion, and am confident that many of our resident gentry would find it their advantage, independently of the satisfaction of seeing the charities well and continuously supported, and unless I greatly mistake, there are numbers of them who would be highly gratified by such a change, even though their share of the expense was greater than at present.*

With regard to the proportion to be paid by the occupiers of land, and of houses in cities and towns, I am of opinion, that such an assessment would relieve them also, at least that it would scarcely add to their present burdens.

* "In fact if something be not done, the country gentlemen will abandon these miscalled charities, where jobbing and cabal pervert the public funds to the benefit of inefficient officials, and the sick poor are neglected because there is responsibility no where."—*Extract of a Letter from a Landlord of £6000 a year, who has paid considerable attention to the subject, and who fully concurs in taxing all landlords for half the sum necessary for the support of these charities.*

They now pay a direct tax of about £84,000 a year for the medical charities of this country, and a great number of them contribute a large proportion of the subscriptions; indeed this class it is, with a few honorable exceptions, which almost entirely supports our charities in the larger cities and towns, as an inspection of the annual Reports of these institutions would satisfy any one that had an opportunity of examining them. But whether they should have more or less to pay under such mode of assessment, I am confident they would gladly see it put into operation, that the same claims might be made on all, and sufficient funds be obtained; for not only is the time of many such persons a good deal occupied in superintending these charities, but they are frequently subjected to great annoyances by the numerous refusals they meet, when applying for subscriptions to persons well able to contribute.

It may be supposed that if subscriptions be discontinued, the assessment necessary to defray the expenses of medical charities would fall too heavy on the occupiers of houses in large cities and towns; but some investigation of the subject will shew that such apprehension is ungrounded: I happen to be able to give some *data*, which will throw light on this part of the subject.

The number of houses and premises *over £5 yearly value*, assessed in Clonmel under the watching, lighting, and paving act, is 1019. Three respectable sworn valuers have estimated these at £24,852 per annum, and the valuation is considered moderate. A circle of three miles diameter contains 18095 acres, but as there is some mountain commonage at one side of the town, I will suppose 15000 acres of productive land to be within three miles of it. Much of this land is let for £3, £4 and even £5 an acre, and none I believe under £2. But taking the average at the latter sum, this will give a land rental of £30,000 a year. Both these amounting to £54,852, are the sources from whence funds could be had to defray the expenses of the medical charities of Clonmel, which, on an average of six years, amounted to £691 per annum. The average of annual subscriptions and donations for the same period was £265, that of county presentments £334, the difference being provided from an unproductive fund which had accumulated in the treasurer's hands, amounting to above £1100. The Fever Hospital and Dispensary are chiefly useful to the sick poor within that circle; a tax of about twenty-five per cent. on the

above rental would amount to £691, that is, each landlord receiving £100 would only have to pay 12s. 6d. a year, and each landholder or householder paying £100, the same; which on each class would be only as one to 160 on his income, or on the estimated value of his holding. Now, let us inquire how these subscriptions and donations are contributed. Taking one year as a fair specimen, I find that in 1832-3 they amounted to £206 3s.; of this sum £128 13s. 6d. was paid by 131 householders of Clonmel, £44 16s. by eighteen of the gentry residing within three miles, and £27 7s. by five landed proprietors who reside beyond that distance: of the 1019 houses and premises assessed for the payment of the watch tax, 384 are valued to be above £5 and not over £10; 228 from £10 to £20, and 407 from £20 upwards, some as high as £650. From this it appears, that leaving out of the calculation all whose rents are not greater than £20 a year, *there are 277 persons in Clonmel, whose houses or premises are valued to be worth more than that sum, yet who do not contribute a shilling to our medical institutions.* But as some are assessed for stores as well as for their dwelling houses, the actual number is about £250. Many of these are very wealthy, and not a few of those who do contribute, pay not in proportion to their property, but merely as much as will qualify them to be governors. This statistic, for which I am indebted to the kindness of the Commissioners appointed under the watching, lighting, and paving act, who allowed me to examine their books, is probably similar to what occurs in every city and town in Ireland; that is, it shews that a few, and not always the most wealthy, support the public charities, or at least that the contributions are not in proportion to the means of the parties. It also shews what available resources there are from which funds can be readily procured, for, if a tax of only one per cent. were charged on the landlords receiving the above annual rental, and the same on the occupiers, it would amount to £1196, which would be more than sufficient to defray all the Hospital and Dispensary expenses which the population of that district could require. Thus the sick poor would be amply provided for, and the necessary funds obtained from all who have property; an arrangement that would be attended with the additional but very important advantage, that all who are assessed to a certain amount, would be eligible as governors or to act on committees; so that no class, sect, or party, could, as at pre-

sent, be able to get the management of these charities into their own hands.

From this it is plain, that many of the occupiers of houses in cities and towns who now contribute, would not be called on to pay as much as they do at present, were a general assessment substituted; in fact, many of them would pay much less. And it also proves, that such tax would fall lightly on the landlords and tenants of houses, were both parties equally taxed.

An objection may, perhaps, be taken to this double mode of taxation, that is, to the assessment both of landlord and tenant, from the apprehension that the income of the former may in many cases be ascertained with too much difficulty. I am not aware that such difficulty can often occur; it is, perhaps, no easy matter to devise a plan for raising funds for such charities, which shall be free from all objections; but if the principle be admitted, I should suppose minor difficulties would not be considered of any importance in the eyes of those who wish to establish these institutions on such a foundation as bids most likely to render them effective for the double purposes for which they are intended. But until all who possess property in this country, whether residents, non-residents, or absentees, are *compelled* to contribute equally for the support of such institutions, it cannot be expected that they could be effective or well managed. Those who derive hundreds, and thousands, and tens of thousands, from the soil, ought surely to give of their superabundance for the cure or relief of the sick poor on their estates. If Hospitals, Dispensaries, &c., are to be solely supported by a tax payable by the occupiers of land and houses, then these *only* will, in general, have to pay the principal share, though I admit, that even in this way some comes through the landlord's pocket; but I apprehend the Irish landlords would not wish to carry this latter argument far, as it might imply, what does not always occur, that the tenants are under as high rents as they are able to pay, and that any additional burthen placed on their holdings, must, *pro tanto* be a deduction from the landlord's rent. Were the amount comparatively inconsiderable, no great objection could be raised to the whole tax falling on the occupiers, but the sum necessary for the support of these institutions is too great to allow it to fall entirely on them. And I think enough has been stated to shew, that the vices of the subscription sys-

tem, and the evils arising from it, are such as to require that it be given up as soon as possible.

APPOINTMENT OF GOVERNORS TO MEDICAL CHARITIES.

Whilst subscriptions constitute a portion of the funds for Hospitals and Dispensaries, those that pay them must, of course, be expected to have the management of these charities. But if supported by assessment, a different mode of selection naturally suggests itself; which is, that every landlord, and every land or house owner, taxed to a certain *minimum* amount, be eligible to be appointed governor at an annual election held by the tax payers of the same, or of a smaller *minimum* rate. By this means, all who contribute a certain amount of funds are qualified, and, if considered by their neighbours as fit and judicious persons, those of rank, wealth, and knowledge, *are sure to be selected*. It would then be at the option of the rate payers to exclude all well known jobbers, all who are known to be idle and inefficient, no matter of what rank, religion, or politics, and who in public institutions are often an *incubus*, and a hindrance to the regular performance of business. No one who was known to have a rooted and deadly hostility to a medical officer, discharging his laborious duties conscientiously and faithfully, could then become the governor of an institution, for the purpose of giving such officer annoyance, when it was known that such person neither possessed any qualities of head or heart to be serviceable to the charity; circumstances which I could readily shew, not infrequently now occur. If, in addition, every clergyman and magistrate were eligible, even though not paying a sufficient amount of taxes, or perhaps made governors *ex officio*, we should have men of business with sound heads and good hearts, having an interest in the matter intrusted to them, and feeling that, when confided in and selected by their neighbours for superior intelligence and integrity, it would become them to maintain their good opinion. Property and intellect would be the basis of this plan, by which those of all sects and hues would be equally eligible, but those only who were deemed competent and trustworthy could stand any chance of obtaining a preference.

An annual meeting, held by the rate payers, having selected such governors, the latter would be sure to execute

the trust reposed in them, with a due regard to the interests of the sick poor, and of the public. No miserable economy nor profuse expenditure would be allowed by them, for, the tax being equally levied on all, funds would be raised in proportion to the wants of the district, and disbursed in a proper spirit. On this principle it is, that the legislature passed the Irish grand jury bill, and there appears, at least, as much necessity for adopting it in the case under consideration, as in that of roads, bridges, &c. If the principle be good in the one, it must be so in the other.

An objection will perhaps be made to this mode of appointing governors, from an apprehension that it is too democratic, and that under such a system persons would be elected, whose situation in life or political feelings might render it unsafe to intrust them with the raising and distribution of funds assessed on others, to whom they are politically opposed. But so far from the objection being valid, I am of opinion, that even though some such may be occasionally appointed, the self-interest of each individual, and the fact of such governors being selected for their judgment and habits of business, would be a protection against the injurious operation of any such feelings. In a word, I think the landlords would be better protected by governors so chosen than by themselves, even though the whole management were intrusted to them. But if provision be made for adequate attendance, and Hospital accommodation for the sick, it is perhaps of less importance than many may suppose, in what manner, or by whom, the governors or managers of such institutions are appointed. Men of business residing in the district, paying a certain amount of taxes, and selected by the grand juries or other respectable public bodies, would be sure to do the duty with satisfaction and economy.

MODE OF ASCERTAINING THE OBJECTS ENTITLED TO RECEIVE RELIEF FROM MEDICAL INSTITUTIONS.

To afford all who are fairly entitled to gratuitous medical aid, the advantages of Hospitals and Dispensaries, and at the same time to take care that no *wealthy* paupers shall be allowed to receive any share, appears a matter of no great difficulty, and if the work be undertaken in a proper spirit, it could be readily effected in this way. At the commence-

ment, the Dispensary districts being defined, each should be sub-divided into townlands, in the country, and into quarters or divisions, in towns. At a meeting held for the purpose, persons should be appointed to make a list of such families or individuals as claimed gratuitous medical aid, whenever they should happen to require it. These lists should be examined at a subsequent meeting of the rate payers entitled to vote for the election of governors, and such as appeared unfit would be then objected to, and struck off. A new list of those so approved of, made out alphabetically, should be given to the medical officers of the Hospitals and Dispensaries, and posted up in these institutions, so that when any person so approved of became ill, there would be no necessity for an application to a governor, but the medical officers would be bound to attend him ; or, if deemed advisable, one or two persons might be appointed in each townland, or division of a city or town, called guardians of the sick poor, who would be authorized to give each person on the list comprising his district, a recommendation to the Hospital or Dispensary. In addition to this, the governors or such guardians of the poor might be empowered to grant recommendations to others beside those publicly approved of, on any emergencies that might arise, but such persons, having been then attended to, their claims should undergo the same public inquiry, at the next monthly or quarterly meeting, when it would be decided if they were entitled to be added to the general list, or in future to be disentitled to public aid.

If it be any valid objection to this machinery, that it would be hurtful to the feelings of the lower classes to have their names posted up in this manner, the objection is easily got rid of. Let the names of those residing in each district who do not claim, be posted, then the medical man could as readily know whom he had to attend, which, in fact, would be every person residing in a street, townland, or other division, that was not on his list.

The effect of this mode of ascertaining who were supposed to be entitled to Hospital and Dispensary aid, would be this ; all, or at least the greater part of those who felt that they were in no possible way entitled to gratuitous attendance, would decline to claim it, partly from the shame of having to make such claim before a public meeting of the more respectable portion of their neighbours, and partly from the certainty of rejection. No moderately wealthy

farmer, or tradesman in full employment, no comfortable liveried servant, none who were known to have considerable deposits in savings banks, could have a chance of being put on such lists. But still, by lodging with the governors or others a discretionary power of granting recommendations to such as from particular circumstances they should consider fit objects, none could be unattended to, but there would be few impositions. No landlord could then *coerce* the medical officer to visit his tenantry, rich, and poor; and the medical man, whilst discharging his duty to the latter, would be relieved from the apprehension or certainty that he must be ruined, if he refused to attend those who had no claims on him or on the public.

In a work merely intended to point out the defects of the existing system of our medical institutions, and to suggest the means of remedying them, it cannot be expected that I should enter into any detailed explanation of the machinery by which I propose to conduct Hospitals and Dispensaries, as such explanation would necessarily lead to a more lengthened discussion of several points than the plan of this work admits of. But it may not be amiss to advert to one or two circumstances, which appear to be immediately connected with the subject, and which in Ireland have not yet obtained much notice.

The plan above proposed for affording medical aid to the sick poor of this country, contemplates that all who are considered by their more respectable neighbours as clearly entitled to such aid, shall receive it gratuitously, even though some may not be mere paupers. But though I am of opinion, that this may be done without connecting it with any other, still there are many forcible grounds for rendering it desirable, that whilst these shall receive such gratuitous aid promptly and liberally, those amongst the next class who are able and willing to preserve some independence, may have an opportunity of doing so, without being obliged to run any risk of suffering for want of medical assistance, if not put on the pauper list, or of paying for it at a higher rate than they could afford when they happen to employ a medical attendant. One mode of effecting this, viz. the establishment of self-supporting Dispensaries, has attracted considerable notice in England within a few years, but no trial, that I am aware of, has been made on the subject in Ireland. Without committing myself by an opinion, whether this species of medical institutions is likely to answer the objects contem-

plated by its benevolent founder, Dr. Smith, I have less hesitation in asserting, that self-supporting Dispensaries are not likely to take root in Ireland for many years to come, until a very great alteration takes place in the circumstances and habits of those classes for whom such institutions were designed. At present neither is such as to render it at all probable, that any considerable proportion of them would regularly contribute. On this subject Dr. Walker observes, in reply to my queries respecting self-supporting Dispensaries: "I know that they have not succeeded in some instances as their first projector imagined; in a bad time the poor are unable to do any thing: I fear it is a system not calculated for perpetuity. At the same time, I am decidedly of opinion, and I have never failed to say so, that if associations could be formed amongst the working classes, for the purpose of raising a sum (however small in the beginning) in aid of the funds of an Infirmary," [I would say, and of a Dispensary also,] "I would attach extraordinary privileges to such subscription or donation.* We take great pains here to instil this principle into the workmen in factories, some of whom have attempted it by subscribing each a penny a week, &c. It is most desirable to promote habits of economy amongst the working classes, and to rekindle, if possible, that now almost extinct feeling of independence, once the pride of our peasantry. But, however successful we might be, when trade was in so flourishing a state as to allow high wages, we could not expect the system to continue in adverse times. I agree with you, that the situation of the medical officers in a self-supporting Dispensary is not an enviable one; in fact, in many instances, he must submit to great degradations; however, as the question is now on its trial, I should be sorry to prejudice it by any premature remarks of mine. If the poor in Ireland be as badly off as their countrymen in this neighbourhood, (and we have in this town no less than 400,) I should not indulge in any very sanguine hope of any great help from such a source. I have now for twenty years been in the constant habit of visiting Irish poor, (out patients of the Infirmary,) and I should as soon think of extracting gold from rags, as ask them to subscribe to an Infirmary. Indeed

* This it appears from Dr. Clarke's work on Friendly Societies, is done in Etruria, where the pottery workmen contribute a considerable sum annually, and are entitled to certain Infirmary privileges.

I am obliged often to promote small subscriptions for them in a season of sickness."

The experience and opinions of this intelligent and benevolent man quite coincide with my own, in regard to self-supporting Dispensaries in Ireland, however appropriate they may be for England, with such modifications as may be found necessary to adapt them to circumstances. Indeed there is so little probability of the successful establishment of such institutions here, that I should not have said so much regarding them, had I not received letters from several members of the profession, anxious to learn my opinion, whether self-supporting Dispensaries are well adapted for this country. But though Dispensaries on Dr. Smith's plan may be inapplicable to Ireland, it does not follow that the objects which he and other Englishmen* have in view,

*The Rev. C. Oxenden, author of the tables, has favored me with the "Laws and Regulations of the Barham Downs Medical Provident Society, for the Benefit of the industrious Classes," which he seems to think "will, with a few slight alterations, supplant all others." The following are the chief features of the association:—1st, it consists of *honorary* and *benefiting* members; 2d, the annual payment of not less than 5s. constitutes an honorary member: these form the board of management, but derive no personal advantage. *Benefiting* members are, domestic servants of farmers, tradesmen or others, in, or retired from business, to pay 8s. per year; journeymen, if single, 9s.; for a man and wife, 12s.; for the whole family, including children under fifteen years, 16s.; if a widower, 9s.; for the whole family of a widower, 12s.; apprentices, each 5s.; labourers, if single, each 5s.; for man and wife, 7s. 6d.; for the whole family, including children under fifteen years of age, 12s.; if a widower, 5s.; for the whole family of a widower, 9s.; boys and girls, from fifteen to eighteen, if domestic servants, 4s. 6d.; not being so, 2s. 6d.; single men and widows, not servants, 7s.; a widow and family to pay 8s.; the family of a man who has absconded, 8s.; the wife and children of a domestic or other servant in a gentleman's establishment, (such as butler, footman, groom, coachman, game-keeper, or the like,) 16s.; *but the husband is disqualified*. No person suffering from disease can become a *benefiting* member; or who is a master tradesman or shopkeeper, *or who is owner of real or personal property, of the annual value of ten pounds; or who is occupier of more than two acres of land; or whose average wages, with those of his wife, may be computed at more than 21s. per week*. No person is entitled to medical attendance, unless his monthly payment has been duly paid. Any general practitioner, being a surgeon or apothecary, may attend the *benefiting* members by producing his diploma, and paying £1 annual donation. The *benefiting* members may apply for advice or attendance to any qualified medical person they prefer, if he lives within seven miles. When a patient may receive the same benefit by attending at the surgeon's house, he is expected to do so, to save the expense of the visit of the latter. Any *benefiting* member admitted, may be disqualified by the next meeting of the board, on justifiable grounds. Any *benefiting* member guilty of drunkenness, whilst

should not be equally desirable here. It appears to me, that there are in this country sufficient materials to work out the principle of the self-supporting Dispensaries, in a manner that would insure all the advantages of gratuitous attendance to the paupers, and induce many of the next class to become free members, entitled to professional aid when they should require it, without losing their independence or subjecting the public to any considerable expense, if any at all, for such medical aid as they may require. I am perfectly certain, that there are many of the class of small farmers, trades people, and the like, in this country, who are well disposed to make such provision as should entitle them to medicines and attendance; for I have often known them make considerable exertions, far beyond any their means admitted of in this respect, when they might have availed themselves of the services of respectable Dispensary surgeons, merely because they shrunk from the idea of throwing themselves or their friends on a public charity. If this feeling be properly encouraged, and sufficient opportunities given such persons, many advantages might be expected to arise.

On this subject, which must be admitted to be one of first importance, Dr. Storer, consulting physician to the General Hospital at Nottingham, has published some observations, which deserve to be universally known. The work is entitled, "Hints on the Constitution of Dispensaries, with a View to their being rendered of more extensive Benefit to the labouring Population, &c." Dr. S. observes,

under medical treatment, to be dismissed, as also such as are convicted of felony or any penal misdemeanor. The medical and surgical attendance and charges for medicines are on the following terms:—consultations, a physician, each visit, not exceeding £2 2s.; surgeon, 10s. 6d.; 6d. per mile for day visits; 1s. per mile for night do.; pint mixtures, 2s. 6d.; half pints, 1s. 6d.; phial of drops, 1s. 6d.; quart lotions, 2s. 6d.; eye water, 1s.; pills, not exceeding six, 9d.; do. exceeding six, 1s. 6d.; powders, each 3d.; large blisters, 1s.; small do. 6d.; box of ointment, 1s.; cupping, 3s. 6d.; leeches, each 6d.; bleeding, 1s.; dressing important wounds, 3s. 6d.; other wounds, 1s.; fractures and dislocations of the larger bones, £1 1s.; of the smaller do. 10s. 6d.; minor knife operations, 2s. 6d.; do. lancet do. 1s. 6d. This association was formed in October last, and at the end of the first quarter included a district of thirty rural parishes, the number of benefiting members being 2285. From the above brief sketch of its regulations, the great difference between the state of society in England and in Ireland is plainly seen. No association, *on such terms*, could be established in this country with any chance of success.

that "so long as the main purposes of Dispensaries [providing advice, attendance, and medicines for the families of the poorer classes of the population] is satisfactorily accomplished, there can be no objection to extend its beneficial influence to another, and a no less interesting part of the community, who have hitherto maintained their independence, and provided for themselves and their families by their industry and exertions. To them it would be a real degradation to be brought into the lists of pauperism, and admitted as objects of charity. It is, therefore, proposed, that in a general Dispensary, families of this description should be received, and should constitute a class of free subscribers. These would be entitled, in behalf of themselves and families, to all the benefits of the Dispensary, on making such contributions to its funds as may be judged reasonable and expedient, in proportion to the number and age of the different members of the family. This plan would remove the institution from being merely eleemosynary, and give it the character of a benevolent establishment, of much more extensive utility to the labouring population, to which it ought to be strictly confined." The preference due to Dispensaries established on this plan, he justly observes, is—"that it appears well calculated to obviate the objections to which the usual form of Dispensaries is exposed; that its beneficial influence promises to be more extensive and less injurious to the principles and feelings of a large and very deserving population; that it will greatly facilitate the duty of governors in maintaining the institution within its just limits, and enforcing the necessary regulations; that it goes to fulfil the purposes of justice due to the medical attendants; and in a word, to conciliate a spirit of good will and kind feeling between all parties, and more especially to produce an attachment to the institution on the part of the patients, for whose benefit and satisfaction it is solely intended."

The way in which persons not entitled to gratuitous medical aid obtain it, is thus stated by Dr. Storer: "many, without doubt, are fit objects of receiving charitable relief from an institution of this nature, [the Nottingham Dispensary,] but many more, who are not necessarily dependant on public charity, will put in their claim, *and will, in most cases, succeed.* In case of a Dispensary founded on the usual regulations, and in a populous town, the most vigilant superintendence of a committee of governors will be

opposed in vain to applications that may be very improper, but cannot be known at the time to be so; even to the subscriber recommending the patient, who is understood to be responsible for the propriety of the application, the circumstances are often very imperfectly known, whilst this responsibility will, in general, restrain the committee from rejecting the application. In all cases of doubt, the feelings of governors will, and certainly ought to, lean in favour of the applicants, who are often women and children. But in the ordinary course of business, few cases comparatively will be submitted to the committee. It cannot be supposed to meet efficiently more than once a week,* whilst the Dispensary, to answer its purposes, must be open daily or even hourly to applications. These must be received, and the necessary assistance administered by the medical attendant on the spot, apart from all inquiry of the circumstances or qualifications of the patient. It may, indeed, be presumed, that the committee will at first, as in all new institutions, exercise an unusual degree of vigilance, and require those to be brought them that have been admitted the preceding week. Such attendance will not always be procured, and when it is, the investigation will, in many cases, prove doubtful and unsatisfactory; what then is to be done? What course can a committee follow who have no alternative to offer, but admission on the one hand, or on the other a complete rejection of the application? They will act, as every man of feeling, and who has a discretionary power, would act in such a case; they will accede to the wishes of the applicant, and administer the concerns of the institution on benevolent principles."

"So many of these cases will occur, and the vigilance of the committee will be so frequently defeated, that it must imperceptibly relax, and all the cases that are received in the intervals between the regular meetings of the committee will succeed, and become recognized patients of the Dispensary on this, and the same families probably on all future occasions." These observations are, at last, equally applicable to Dispensaries in Ireland as in England. They are evidently the result of much experience and considera-

* There are but few Dispensaries in this country whose committees meet oftener than once a month, many not above twice a year, i. e. immediately before each assizes.

tion, and well deserve the attention of the governors of such institutions in this country. Dr. Storer's remarks on the way in which the juniors of the medical profession are affected by gratuitous attendance, and the benefits derivable to the sick poor from a different system, are equally valuable and just. "It is beyond all question," he observes, "that the junior members of the medical faculty derive their chief employment and support from artisans, operative manufacturers, and their families. These young men are just starting into the world, after having incurred a heavy expense in their education, often procured by painful sacrifices on the part of their relations. Is it then a matter of no mean consideration, that in which society ought to feel no concern, that a body of young men, educated to an honorable and useful profession, should at once be deprived of a considerable share of that employment, on which they must always depend for their support during the first years of their practice? What then, it will be asked, must be done? Must the community be deprived of an important public benefit, because there are a few who suffer from it? Certainly not; but justice ought to be done; and if a proper remedy can be found compatible with the purpose and prosperity of a Dispensary, it ought not to be rejected." "It thus appears that Dispensaries, as they have been usually constituted in this country, and viewed as merely charitable institutions, are liable to two great defects, or rather objections. They are chargeable with an entire want of consideration for the interests of the medical attendants, who, not as governors met for an hour in the week to regulate the detail of the business, are called on to spend a considerable portion of their time daily, while they unite skill, attention, and personal exertions in the discharge of laborious and responsible duties. The second objection, in its direct influence on the relations of society, is of a still graver cast. It is that of offering, without the possibility of due discrimination, to the labouring population generally, that charitable aid in illness, which is unquestionably due to many, under circumstances that render them fit and very deserving objects of it. In doing this, the difficulty is to restrain the boon that is proposed to its just bounds, and to avoid the error and the serious evil to society, of bringing whole families into the class of receiving assistance from a charitable institution who have hitherto maintained their independence." "Few things can inflict a greater or more direct injury on the rela-

tions of society, than any institution or practice which has the effect of breaking down that barrier between independence and pauperism, which it is still more the interest of the poor themselves than of the rich to maintain."

In conformity with these views, Dr. Storer proposes that the funds for such Dispensaries be derived from—1st, the donations and contributions of *honorary* members; 2d, the contributions of *free* members, to be paid by themselves at stated times; and 3d, the payment made out of the poor rates; and that the patients consist of three classes:—1st, the *free* members of the labouring class, to be admitted by a committee of the honorary members; 2dly, charitable patients, to be admitted as such on the recommendation of honorary subscribers; and 3dly, the poor of such parishes as contract with the Dispensary for the cure of their health. And in place of electing district medical practitioners, "all the regularly educated and resident practitioners who become honorary subscribers, [by the payment of one guinea per annum,] and at the same time declare their willingness to take a share in the professional duties, shall be considered as medical officers of the institution." Such practitioners to attend each class of patients either at the Dispensary, or at the houses of the latter, (each patient having the option of calling on any medical officer he chooses,) and to be paid in proportion to the number of visits or attendances which each individual may have had on the sick.

It will be observed, that the principle of this plan is nearly the same as that of Dr. Smith's, viz. the admission of free patients who have themselves contributed, in addition to others who are recommended by honorary subscribers, and to the parish paupers, a class entirely excluded from the benefits of the Rev. Mr. Oxenden's Dispensary system.

As every parish in England is obliged to make provision for medical attendance on its poor, it is evident that this circumstance makes a material difference between an English and an Irish Dispensary, as in the sister country, those entitled to such gratuitous aid are already marked on the parish books.

Having thus endeavoured to make the Irish reader acquainted with the improved Dispensary system lately proposed in England, and which appears to be taking root in many places there, and will, it is expected, soon supersede the very defective one of farming out the medical attendance of the poor, I now proceed to show how the same principle may

be kept in view, in the establishment of medical charities in Ireland, but with such modifications as appear essential to render them fully effective. I would, therefore, propose that it be optional with the governors of each Dispensary to admit a second class of patients, viz. such as may be received as free members, on payment of a certain monthly or annual sum in support of the funds of the institution. But such free members should be satisfied with the attendance of the medical officers of the Dispensary, and not allowed to select their own, for, were the latter plan allowed, the additional expense and inconvenience must be greatly increased. Were such a system in operation, the effect of it would be, that many who now get medical aid and medicines gratuitously, would then be free members, partly because several would prefer being so, and partly because such an alternative offering, the governors would refuse recommendations as paupers to many known to be well able to pay a moderate sum monthly or annually, but to whom, were there no such alternative, they would hesitate to give a refusal. Thus, the spirit of independence and of economy would be encouraged, and the public put to less expense, in the same proportion as those who, under the old system, would be received as paupers, would then become free members.*

It is scarcely necessary to remark, that in such Dispensaries the governors or guardians of the sick poor should take particular care that none be admitted as free members, whose circumstances were known to be such as to place them above the necessity of having recourse to this mode of obtaining medical aid. But of this there would probably be but little danger.

* The plan of allowing free members to call in their own medical attendants, can be only acted on in populous towns, where the Dispensary district is comprised within a narrow compass. If acted on in less populous places, and more extensive districts, it would be often found, that two or three medical men would have to visit two or three families in the same neighbourhood, at a considerable distance from their residences, on the same days. By the plan here proposed, this waste of time and expense may be avoided. If a Dispensary district, now supplying 2000 patients annually, were placed under this system, and that only one-fourth of that number became free members at 4s. per year each, there would be an accession of £100 to the funds of the charity. I am disposed to believe, that in many places the free members would soon be in a far greater proportion, and that several fit objects would gladly pay a higher sum, if deemed necessary, on the scale adopted by Mr. Oxenden's society.

Under such a combined system of procuring funds, it might be found necessary to have a greater number of medical officers than if there were no free members, but the contributions of the latter would be more than sufficient to meet this increased expense.

BOARDS OF HEALTH, AND OFFICERS OF HEALTH.

At page 27, I have alluded to some objections which lie to boards of health, as authorized under the 58 Geo. 3. It cannot be denied, that in several instances, the appointment of such boards has been very beneficial; but the following weighty objections lie to them.

First, they are only intended to be established on occasions of great danger to the public health, as when fever, or any other serious epidemic threatens, or has affected a considerable portion of the community. In the case of cholera, so alarmed was the public, that in most towns in Ireland, and even in small villages, this act was put in force, partly in consequence of the authority it gave respecting the treatment of the sick, but partly, I have good reason to know, *because it was a means of obtaining government loans.* Cholera being a disease of so frightful a nature, and the more so because it was novel, it was natural that every possible exertion in the way of prevention and cure should be made on its appearance; but as it has only once occurred, and may not again, I shall consider the establishment of boards of health as intended, as in truth they were only intended, to meet the visitations of fever, especially when induced or accompanied by famine. Now, let us inquire under what circumstances, and at what periods, are boards of health appointed. The act itself only contemplates such appointments, when contagious disorders are known to exist to such extent as to require an extraordinary interference. "Whereas it is expedient, that effectual provision should be made for preventing the spreading of fevers or other contagious disorders, whenever such shall happen in any parts of Ireland, and that the powers requisite for that purpose should be exercised only during the emergency which may call for the same." This being the express intention of the legislature, when fever occurs in any town or district in which there is no Fever Hospital, (and it has been seen that there are many such,) the disease is allowed to make pro-

gress for a considerable time, and though many lives may be lost, and much suffering and privation takes place, no board of health is ever established unless the epidemic becomes *alarming*, that is, alarming to some of the rich as well as to the poor. So that on all ordinary occasions, and even on many of great emergency, this act is inoperative. But even when it was put into force, it has been often commenced after the epidemic had existed for a considerable period, during which, perhaps, no steps, certainly no adequate steps, were taken to relieve the sick. Fever is well known to be a *permanent* disease in every town and district in Ireland—its increase or diminution depending on a variety of circumstances both moral and physical. This fact being universally impressed on all classes, whenever that disease attacks a greater number than usual, such increase is considered only a matter of ordinary occurrence, and no measures are taken to arrest it for a considerable time; especially as it rarely happens, unless in the instance of great scarcity of food, that fever attacks any great number of persons very suddenly. On the contrary, we find that its progress, whether quicker or slower, is generally gradual but steady, each week bringing a greater number under its influence until it reaches its *acme*. Now, if an irruption of fever should occur in any place about the first of January, for instance, and that it continues to increase progressively, it may not be until the 1st of February, March, or, perhaps April, that the public will begin to feel alarmed, and to call for precautionary measures. A board of health may possibly be then formed, which does much good *for the future*. But what has been the condition of the unfortunate poor amongst whom fever prevailed during this period; especially if it be one of those numerous places* in which there is no House of Recovery, or only one with insufficient funds, or so injudiciously managed, as I have shewn some to be, that whilst there is ample Hospital room, the patients of the neighbouring parishes are excluded? Thus, it is evident, that an epidemic of three months' continuance may rage in any place, and that during the first six weeks or two months no board of health is called for. This I know to

* There are 266 cities and towns in Ireland, each containing a population above 1000. In 204 of these there is no Fever Hospital *of any kind*; in sixty-two there are such institutions, some sufficient, others quite the reverse.

have been the case, for in 1826 and 1827, when fever was epidemic in many parts of Ireland, the places were very few in which boards of health were established, and even in these not until a very late period of the epidemic.

The next objection to this provision of the 58 Geo. 3. is, that as the funds obtained by such boards are advanced by the government, and presented on the whole county, not on the particular district on which they are expended, those who are invested with the disbursing of such funds are much less careful on the score of a judicious economy, than they would be, were the presentment to be made on themselves and their neighbours. In other words, the funds intrusted to boards of health are often much more profusely expended than the necessity of the occasion requires, a fact which the experience of the last few years has fully established.

These objections appear to have been early foreseen by some members of the government, as in one year afterwards the act for the appointment of officers of health was passed, which, by authorizing parishes to elect such functionaries, enabled every city, town, or parish in Ireland, to have a permanent board ready to meet every emergency, and to take the necessary measures to prevent disease as well as to cure the sick. This act contains some excellent provisions also, but it is now plain that its operation has been but very partial, and that such must be always the case. Many reasons might be given for this, which will be better understood, if we suppose a large city, containing several parishes, as Cork, Limerick, or Waterford, to be threatened with fever; one or more parishes in such city may, therefore, appoint officers of health, and a greater number neglect * to do so,

* "I found, upon inquiry, that those who were first admitted in July, were in much better circumstances than the generality of the poor; they had comfortable lodgings and good food: fever had been generated amongst them from the filth with which they were surrounded, but did not proceed from scanty or unwholesome food.

"All my endeavours to promote cleanliness in the town and amongst the poor, have been hitherto almost ineffectual; the Easter vestry even refused to appoint officers of health—the only legal means we have for preserving the semblance of cleanliness in our streets. I was, therefore, under the necessity of appealing by memorial to the assistant barrister of the county, who forthwith appointed officers of health, and directed that £10 should be raised off the parish to defray the necessary expenses."—*Report of the Roscrea Fever Hospital for 1830, by Dr. Kingsley.* But how many medical men, similarly circumstanced, would have had nerve enough, or would have dared to appeal to the assistant barrister? There are, indeed, few like Dr. Kingsley, in all those qualities which combine to form the physician and the philanthropist.

in which case the former incur considerable expenses which the others avoid; and what is worse, where there is not a general and a combined exertion in all the parishes, precautionary or curative measures must be much less effective. This it is well known has happened in several places, where the exertions of the inhabitants of some parishes were neutralized by the supineness of others. Next, it is difficult to induce fit and trustworthy persons to undertake such a laborious, perhaps dangerous duty, as that of officer of health, and as the disbursement of considerable sums of money rests with them, vestries are cautious in appointing any except men of integrity and character. But, in general, such men cannot devote sufficient time to the discharge of an irksome, disagreeable duty, and, though it is compulsory to serve, if elected, vestries rarely use such compulsory power, which, in truth, it would be ridiculous to do, as each officer of health may be as ineffective as he pleases. And lastly, it is a matter of some difficulty to induce the majority of those assembled at vestries, to agree on any step that tends to tax the parish, though they would without any hesitation accept of funds from government, repayable by the county, not by themselves.

Thus, from a variety of causes it appears, that the powers given for the establishment of boards, or officers of health, though useful, are not sufficient, as, when called into operation at all,* they are only so on emergencies, but afford no effectual or *permanent* provision for the prevention and cure of disease on ordinary occasions; and even when epidemics take place, are only likely to be of use after much suffering and loss of life have occurred. This effectual, permanent provision is what we want, so that the sick poor shall not be neglected for a considerable period, and only taken care of after the epidemic has perhaps nearly subsided. And such provision can, I believe, be only had by some such compulsory assessment as I have above suggested, with power given to each parish or district to raise funds on any emergencies, repayable by a subsequent taxation.

* Were a return obtained from all the parishes or towns in which boards or officers of health have been appointed, since 1818 and 1819, (the cholera period excepted,) I venture to predict, that it would be found that such appointments were very few; and further, that numerous instances have occurred in which fever committed great ravages, though neither act was put in force.

CHAPTER VII.

DISTRICT AND OTHER LUNATIC ASYLUMS.

UNDER the acts before referred to, ten district asylums have been established in this country, which number, with the Cork House of Industry Asylum, (not less efficient, though less expensive than the others,) are intended for the whole of Ireland. An examination of the tenth Table will give the reader a view of the extent of the entire of these institutions, and of the expenditure and efficiency of those first established. Including that at Cork, they were all intended to contain 1637 beds, but with some alterations that have been made, and others contemplated, they may be so enlarged as to accommodate about 1900. That is, they were intended to admit one lunatic for every 4725 of the whole population of Ireland, but may be altered so as give room for one in 4200. One, it will be seen, is intended for the reception of the lunatics of an entire province, others for those of two, three, and four counties, and two for only one county each; the proportion between the population of districts and the number of beds, averaging from 8951 to one in the highest, to 1770 to one in the lowest.

The cost of establishing the ten asylums was about £245,000, so that each bed stands the public in £190, a fact which shews that these institutions have been built on a scale of unusual expense, and that architectural beauty, and the comforts of officers and patients have been kept in view.*

The Table referred to has been constructed partly from

* The abstract return of 1834, "from the Lunatic Asylums in England and Wales, which had been erected wholly or in part by any county, riding, or division of a county," shews the following: "they are fifteen in number, the expense of erection and establishing was £554 9s. 6d.; average amount paid for superintendence, medicine, and other attendance in one year, £110 10s.; the rate per head paid for county pauper patients varies from 5s. to 12s. per week, that paid for patients from other counties, from 7s. 6d. to 12s.; for private patients, from 10s. to 31s. 6d.; the largest number in the entire, at one period, was 2339; the number that might be accommodated, 2651." From this return it appears, that the average cost of each bed in these asylums is £209, which, considering the relative value of money in the two countries, shews that the Irish have been more expensively built than those in England. It is stated that these are the only public asylums in that country.

the information contained in the parliamentary return of 1833, and, where this was defective, as in many respects it is, from such as I have been favoured with by the managers and medical officers of some district asylums. Since this Table was drawn up, I have received the Report of the Inspector General of Prisons, for 1834, from which the following, as containing the latest official return respecting lunatics in Ireland, is given. The five first columns are copied from that Report, and relate to district asylums only; the three last are given to shew the number in other institutions, the total in all places of confinement for paupers, and the proportion which those belonging to each county bear to its entire population; a statistic which I have reason to believe has been hitherto a *desideratum*, and one which may be of some practical utility.

RETURN OF LUNATICS, IDIOTS, ETC., CONFINED IN IRELAND ON
THE 31ST DECEMBER, 1834.

ASYLUMS.	Counties included.	Number in the House.	Admitted in the year 1834.	Cured in the year.	Insane in Houses of Industry and Gaols.	Total Pauper Insane confined.	Proportion of total confined Insane to Population of each County.
ARMAGH,	Armagh, Cavan, Monaghan, Fermanagh,	45	—	—	—	45	1 to 4500
		16	—	—	—	16	— 14250
		40	—	—	4	44	— 4442
		8	—	—	1	9	— 16617
		109	75	55			
LIMERICK,	Limerick City, Co. Kerry, Clare,	58	—	—	} 67	163	— 1840
		38	—	—			
		62	—	—			
		44	—	—			
		202	75	43	—	44	— 5870
BELFAST,	Down, Antrim, Carrickfergus,	80	—	—	—	80	— 4407
		78	—	—	—	78	— 4033
		5	—	—	—	5	— 1739
		163	85	47			

ASYLUMS.	Counties included.	Number in the House.		Admitted in the year 1834.	Cured in the year.	Insane in Houses of Industry and Gaols.	Total Pauper In-sane confined.	Proportion of total confined Insane to Population of each County.
LONDONDERRY,	Derry, Donegal, Tyrone,	53	—	—	—	12	65	1 to 3257
		54	—	—	—	15	69	— 4175
		40	—	—	—	—	40	— 7562
		147	70	48				
DUBLIN,	City of Dublin, County do. Meath, Louth, Wicklow and others,	146	—	}		476	693	— 558
		71	—					
		25	—	—	—	7	32	— 5844
		9	—	—	—	1	10	— 10817
		21	—	—	—	3	24	— 5091
		272	135	100				
MARYBOROUGH,	King's Co. Queen's Co. Westmeath, Longford,	25	—	—	—	2	27	— 5334
		28	—	—	—	—	28	— 5209
		23	—	—	—	3	26	— 5700
		9	—	—	—	4	13	— 9414
		85	119	28				
CARLOW,	Carlow, Kilkenny, Wexford, Kildare,	26	—	—	—	2	28	— 2914
		24	—	—	—	22	46	— 4196
		28	—	—	—	47	75	— 2440
		13	—	—	—	3	16	— 6775
		91	122	28				
BALLINASLOE,	Galway, Mayo, Sligo, Roscommon, Leitrim,	32	—	—	—	—	32	— 13356
		33	—	—	—	38	71	— 5190
		1	—	—	—	32	33	— 5200
		28	—	—	—	39	67	— 3582
		12	—	—	—	—	12	— 11975
		106	120	14				
WATERFORD, CLONMEL, CORK,	Waterford City and Co.* Tipperary,† House of Industry,	—	—	—	—	116	116	— 1543
		—	—	—	—	52	52	— 7750
		—	—	—	—	323	323	— 2500
Total, - -		1175	801	363	1274	2449	1 to 3158	Mean proportion.

* Only lately opened.

† Only lately opened.

Besides the lunatics in district Asylums, the Report gives the following, of which I have availed myself in drawing up the statistical part of the foregoing Table.

RETURN OF LUNATICS, IDIOTS, ETC., CONFINED IN IRELAND, NOT IN DISTRICT ASYLUMS, ON THE 31st DEC. 1834.

Asylum where situated.	Nature of.	Idiot so born.	Epileptic.	Mania.		Total.
				Curable.	Incurable.	
DUBLIN,	House of Industry,	111	97	5	263	476
Do.	Swift's Lunatic Asylum,	70	and	15	—	85
CORK,	House of Industry,	96	27	75	125	323
LIFFORD,	County Asylum,	5	2	—	8	15
TRALEE,	Old Gaol,	1	—	3	1	5
LONDONDERRY,	County Infirmary,	2	2	1	7	12
CASTLEBAR,	Old Gaol,	9	5	12	12	38
ROSCOMMON,	Do.	10	5	7	17	39
SLIGO,	Gaol,	8	5	8	11	32
TIPPERARY,	House of Industry,	11	5	26	10	52
WATERFORD,	Do.	35	14	30	37	116
WEXFORD,	Do.	12	8	19	8	47
KILKENNY,	Co. and City Asylum,	1	9	6	6	22
LIMERICK,	House of Industry,	22	18	—	27	67
		393	197	207	532	1329
In ten Gaols,	- - -	4	7	11	6	30
Total,	- - -	397	204	218	538	1359
In district Asylums - - - - -						1175
Total pauper lunatics confined in Ireland - - -						3534
Confined in all the private Asylums, seven in number -						248
Total lunatics, idiots, &c. confined in public and private establishments in Ireland - - - -						2782

From the Report of these officers, it appears that the total number of insane paupers confined in Ireland is 2534; that of lunatics in private asylums 248, in all 2782. The lunatic and idiot paupers not in asylum amount to 307; these are confined in gaols, or other temporary but very insufficient places, either as regards their cure or comforts.

“ For these,” the Inspector General observes, “ provision is very obviously wanted, and the system of confining them in gaols is attended with much inconvenience ;” and they add, “ it is important to observe, that the number (307) here given by no means exhibits to any thing like its true extent, the wants of the country for the care of the insane poor. In the first place, it cannot be supposed that the trifling number which appear opposite to the names of the counties in the table, omitting those deducted from the general total (Dublin, Cork, Tipperary, and Waterford,) can embrace any thing like their total of existing cases, but it is further to be considered, that the counties therein named amount to but nineteen in number, and it is much less to be supposed, that the other counties (in which no patient is confined except in the district Lunatic Asylum) can be wholly free from cases of incurable insanity.”

The following Reports are made of the different district Asylums on the days of inspection, probably late in 1834 :

“ DUBLIN (RICHMOND) ASYLUM.

“ In Asylum	-	-	-	-	-	272
“ Viz.—Convalescent	-	-	-	-	-	15
“ Cases that may be considered curable	-	-	-	-	-	154
“ Considered incurable	-	-	-	-	-	103
						272

“ There were on the day of inspection 132 persons employed in trade, gardening, and female work ; 3384 yards of calico and linen wove, and 118 articles of clothing made within the year by the male patients ; 1745 by the females, two patients only were under restraint, and two under medical treatment on the day of inspection.”

“ BELFAST DISTRICT LUNATIC ASYLUM.

“ *It is much crowded from the accumulation of incurable cases.* An extension of the building is in contemplation ; most of the inmates were employed at gardening, weaving, &c., and none were under restraint. In the house 104 ; eighty-two had been admitted in the year, and sixty-two discharged cured and convalescent.”

“ ARMAGH DISTRICT ASYLUM.

“ In the house fifty males, sixty females, total 110; out of which were employed thirty-two males, forty-one females, total seventy-three. There were none under restraint; seventy-six admitted, fifty-three discharged recovered or relieved, and nineteen died.”

“ LONDONDERRY DISTRICT LUNATIC ASYLUM.

“ *It is much to be regretted, that the present accommodation is not sufficient for the wants of the province*; but the board having obtained permission to add room for 100 patients more, I trust some arrangement will be adopted to relieve the county hospitals and gaols from several incurable cases. *Perhaps* it would be desirable to take a few acres more ground, and erect a building for incurables. There are now in the house 115 incurables; on the books in January, 1834, 147 cases; admitted in 1834, seventy-four; recovered, fifty-five; died, nineteen. On the day of inspection ninety-three were employed at various works, and none under restraint.”

“ CARLOW DISTRICT LUNATIC ASYLUM.

“ Notwithstanding that the manager of this institution has been impeded in the active discharge of his important duties by bad health, I found the Asylum in a state very creditable to him and the matron. In the house, at commencement of the year, eighty-two; recovered, twenty-five; relieved and sent home, three; died, three; remain, ninety-one; considered curable, thirty-four; incurable, fifty-seven; but one under restraint, and four under medical treatment.”

“ BALLINASLOE DISTRICT LUNATIC ASYLUM.

“ The local commissioners are disposed to make provision for the admission of additional cases (not exceeding half the number for which the house was intended) of incurable mania, idiots, and epileptic patients. Admitted in the year, sixty-nine males, fifty-one females, total, 120; discharged

" Total incurable	254
" Curable	103
" Total in Asylum	357
" Admitted in 12 months (ending Nov. 1834)	152
" Cured	98
" Relieved and removed	10
" Died	29
	137

" Under restraint, two; confined, fourteen; under medical treatment, twenty; 150 employed."

I rather think the number of curable cases was not as great as in this return, as seventy-five is the whole on the 31st December, and I know there are not at present above fifty of that class in the Asylum.

It appears then, that of the 2448 lunatics confined in district and other Asylums, and in gaols at the end of 1834, only 624 were curable cases, and 1824 incurable. There are no documents to enable us to ascertain what proportion of those in private Asylums are recoverable.

From the observations of the inspectors general throughout this and former Reports, it is plain that ever since the opening of the different district Asylums, the pressure of incurable cases was observed by them to be a considerable evil, chiefly because in most they have been the cause of preventing the admission of curable cases. In the Report of 1833, they state that "the number of incurables remaining (in the Londonderry Asylum) is an evil it would be very desirable to get rid of, *as they occupy the rooms and prevent the admission of recent cases*, when most hope exists of recovery, and this (should the malady be on the increase) would finally close those Asylums against incurables, and some remedy must soon be applied. The intelligent medical officer of this institution, suggests a provincial Asylum should be erected for incurables only, *and states the vast numbers still unprovided for*, as an unanswerable reason. This, or some other addition to the present buildings, must be resorted to." By this year's Report we find, that the opinion of the inspectors general, and of the government is, that the present district Asylums should be enlarged, to enable them to admit the curable cases, *without being obliged to send out incurables*, and it appears that in Limerick this

recommendation is acted on, as an addition is now being made to admit seventy-one additional patients.

Unquestionably it is full time to remedy this evil, and if it be not soon done, the efficiency of these fine institutions must be greatly affected, for I find that in all the district Asylums of any standing, the incurables have long since prevented the admission of recent cases. In the parliamentary return of 1833, the manager of the Belfast Asylum states, that "no record was kept, [of the number to whom admission was refused,] but there was a considerable number;" and he informs myself that "the lunatics referred to in the parliamentary Report were all fit cases, but could not be received for want of accommodation; and the number to whom we are unable to give immediate admission have very much increased; they have this year amounted to about thirty. So great has been the pressure of applications during the past year, that the governors purpose early next spring to enlarge the building, so as to provide accommodation for 100 curable cases, and so to make room for new and curable patients in the present house."

In the Report of the Limerick district Asylum for 1833, the latest I have been able to procure, the manager, Mr. Jackson, states, that "though we have been enabled to afford accommodation to nearly fifty more than the number for which the house was originally intended, yet we find it inadequate to the wants of the district, chiefly because of the progressively increasing number of incurables, an evil by which our sphere of usefulness is much circumscribed, and which often obliges us, however reluctantly, to refuse admission to applicants, who, could they be received, would most probably be cured, but are now, under these painful circumstances of exclusion, compelled to remain at home, under the care of persons who, for the most part, are ignorant of the mode of treating them, and generally inflict such usage as strengthens the disorder and diminishes the chance of recovery, when vacancies for their reception occur in the Asylum."

The information given me by Mr. Jackson, Manager of the Armagh Asylum, is of similar import. In a letter (September, 1834,) he observes, "we felt the serious inconvenience of being obliged to admit chronic (incurable) cases, and I may say, have never been able finally to overcome the difficulty that the receiving of a large number from the gaols caused

on the first opening of the Asylum. It strikes me, that these institutions are not adequate *at present* to relieve *all* the lunatic poor; that they are equal to meet all curable and violent cases I have no doubt, provided they were relieved of their present incurables, which would be of great advantage and public convenience."

In a communication with which I was favoured by Mr. Cluff, Manager of the Londonderry Asylum, in October, 1834, he states, that "there is no Asylum in the district to which incurable patients could be transferred, but the governors are of opinion, that such an establishment is indispensable, as the present Asylum is totally inadequate to accommodate the number of lunatics in this district, for whom provision should be made at the public expense."

Recently as the Carlow district Asylum has been established—only three years—we see the incurables already amount to above two-thirds of the whole number in the house, and the officers already begin to apprehend the injury arising from them, for Dr. Stone, physician to the institution, informs me, that "our house is now filled by old established confirmed cases, in which neither moral nor medical management can effect a restoration to reason. I think great and important alterations ought to be made in these institutions, *and that a class of patients should alone be admitted that are capable of cure.*"

The remaining Asylums having been still more recently opened, and not yet filled, the inconvenience from incurable patients is not of course felt, but such must be the case in a very short time.

Though the inspectors general of prisons give us plainly to understand, that there are many incurable insane paupers not confined in either district or any other Asylums, it is to be regretted, that they have not endeavoured to ascertain the probable number, as some knowledge on that point would, in many respects, be very desirable. Nothing like accuracy, it is true, can be arrived at respecting this class of insane, but some approach may be made to it, sufficient at least for our purpose.

It appears that in those counties which have pretty large establishments for such of their insane poor as are not sent to district Asylums, the number of lunatics is much greater than in the others. Thus the counties of Dublin, Cork, Waterford, Mayo, Tipperary, Roscommon, Limerick, Wexford, Kilkenny, and Donegal, have 480 patients in district

Asylums, and 1195 in the Asylums of their respective Houses of Industry, or in old gaols that have been converted into establishments for the safe keeping of incurable cases. In all, these ten counties, which contain a population of 3,355,365 have, in both classes of these institutions, 1675 pauper lunatics, whilst the other twenty-two counties, which have no local Asylums, and with a population of 4,379,000, have only 693 in the district institutions, and 164 in gaols, &c.; in all only 857.

From this it is quite evident, that there must be a considerable number of lunatics at large in these twenty-two counties, as the disproportion between the above returns is so great, that it cannot be supposed to arise from any other cause. The proportion between the confined insane and the population of the first ten counties, is as one to 2000; in the twenty-two counties as one to 5000. And by calculating the number which the population of the latter would afford, on the same ratio as those confined belonging to the former, the number would be 2186. Now, as there are only 857 in any places of confinement, it follows that the probable number at large in these twenty-two counties must be about 1329, or an average of sixty in each.

It may perhaps be supposed, that the number of lunatics in the first class of counties is greater than in the second, as they contain more large cities and towns; but on the other hand, I could readily shew, had I time and space, that there are a far greater number in some of the counties included in that class than the returns would lead us to suppose. For instance, those for Tipperary are fifty-two. Now I know above a hundred pauper lunatics in this county, a considerable number not in the House of Industry having lately come under my notice. I am also frequently in the habit of seeing county of Waterford lunatics, who are not in the Waterford House of Industry Asylum; I am therefore of opinion, that in the twenty-two counties there are at least 1352 insane persons at large, and I should not be at all surprised, could an accurate return be had, if in the other ten the number not confined would be found to be 300 more, all fit cases for some establishment for the safe keeping and support of such persons.*

* The provision for the insane paupers of Dublin city and county may be considered as much more perfect and comprehensive than in any other part of

From these facts it is quite clear, that our district Lunatic Asylums contain a great proportion of incurable patients, which must, if left in them, become every year an increasing evil, by preventing the admission of those that are curable; and further, that independent of such incurable cases, there is a considerable number of the same class at large throughout the kingdom, and I have no doubt of curable cases also.

It then becomes a matter for consideration, whether the plan suggested by the Inspectors General of Prisons be best calculated to provide a remedy for this double evil; or what other may be more advisable.

It appears to me, that many serious objections lie to the proposal of enlarging the district Asylums merely for the accommodation of incurable lunatics, and that when these objections are examined, they will be found so valid, as perhaps to induce the proper authorities to hesitate in enlarging these institutions for that purpose only. It is now universally admitted, that the treatment of curable insane persons will be most efficient when moral and medical management are judiciously combined, and that it frequently fails where the one happens to be defective, though the other be ever so carefully applied. This being the case, it is evidently desirable, that the moral governor of a Lunatic Asylum should not have under his care a greater number of patients than he is capable of keeping constantly under close observation, otherwise, in proportion as that number increases, his means of observing their habits and dispositions diminish in an equal ratio. It must, therefore, be an objection to the enlargement of Asylums which contain 100 or 150 lunatics, to have them made still larger, in order that chronic incurable cases may be admitted. If such be received, the moral governor's attention must be more or less occupied with them when he might be much more usefully engaged with *relievable* patients; but if he should not

Ireland; yet it appears that even there, *fit* cases cannot always obtain admission either into the district Asylum, or into that for incurables in the House of Industry. Mr. Staunton, editor of the Dublin Register, a gentleman of much research and observation, lately stated at a public meeting held to consider the expediency of petitioning for poor laws, that a poor widow who has several children has been unable to get one, a troublesome idiot, into the House of Industry, and that she has been greatly injured and distressed in consequence.

think it necessary to devote any attention to the incurable class, a very probable circumstance, but leave them to the care of an inferior person, merely considering that order, cleanliness, and some employment be observed, *then they are in no way benefited by removal to such Asylum*, for this system could be as well adopted in the different countries to which they respectively belong, and at much less expense.

Incurable lunatics, it is true, especially epileptics, frequently become very violent, requiring prompt coercion and restraint, and it is said that, on this account, it is desirable that such persons be in a superior Asylum where this system of restraint is better understood, and more readily enforced. But from several years' close observation of this class of lunatics, I am quite convinced, that the means necessary to restrain such violent incurables are so simple and so readily enforced, that this argument, if such it may be called, carries no weight.

Seeing that no advantages of any importance are likely to arise from crowding all the curable and incurable pauper lunatics, of one or more counties, into a district Asylum, but, on the contrary, that certain disadvantages are sure to attend it, would it not be better that the latter class were provided for in local county institutions, if it be admitted, and I know not how any one practically acquainted with the subject can deny it, that all the purposes for which such patients are confined, can be there as well accomplished?

I would therefore suggest, that no further addition be made to the district Asylums, unless it be found necessary to enlarge them for the admission of a greater number of curable or relievable cases, and that, after due inquiry as to the probable number of pauper incurable lunatics, each county should be *compelled* to establish an institution large enough for their accommodation. This being done, the district Asylums would be rendered much more useful, as none but patients likely to be improved by moral or medical treatment being admitted, the entire and undivided attention of the manager and physician could be bestowed on them, and a better system of classification more easily adopted; were this done, it should be an understanding, that according as the inmates of the superior institution become incurable, they should be admitted, with the consent of their friends, into the county Asylum; and on the other hand, if, as will sometimes occur, a patient in the latter shew signs

of improvement, he should be transferred to the former, that a fair trial may be given him.

Now let us view the arrangement as a mere matter of pounds, shillings, and pence, and see whether it would not be productive of considerable saving to the public. Taking the average of six district Asylums, the Dublin, Armagh, Linerick, Belfast, Londonderry and Carlow, the annual expense of each patient was £20 16s. 8d. In the Cork House of Industry Asylum, (admitted by the Inspectors General to be a very well regulated one,) the yearly cost of each lunatic is about £9 4s. In the Waterford and Clonmel Houses of Industry, it is only about £8. Suppose the average annual expense of each incurable case in a county institution to be £10, which I am confident would be the utmost, here is a saving of fifty per cent. compared with that in the district Asylums. I am aware, and have no desire to conceal this or any other fact, that this disproportion would be somewhat diminished according as the numbers increased in the district Asylums; but the expense of each patient sent into them, will still be at all times considerably greater than in those of the other class.

We find that there are 698 incurable lunatics in all the district institutions, and 1139 in Houses of Industry and gaols. To these, add 1832, the probable number which I have supposed to be at large, we have a total of 3669. If as many of these in the district Asylums as are somewhat improvable, which I shall suppose to be 369, be allowed to remain, there will still be 3300 for the county Asylums, which number would, at the above calculation, cost £33,000 a year more in the latter than in the former institutions, a sum fully adequate to their entire support.

Again, I would request the reader's attention to the return in pages 231, 232, for the purpose of pointing out the utility of contiguity, in enabling the friends of the insane to have them admitted into public institutions. The two nearest counties to the Armagh Asylum, viz. Armagh and Monaghan, have their full complement of lunatics in it, whilst the other two, Cavan and Fermanagh, being more remote, have a much smaller proportion. Belfast is equally near the counties of Down and Antrim, and therefore, lunatics are sent there in nearly an equal proportion from both. Londonderry is on the borders of the counties of Derry and Donegal, and the proportions from these are nearly equal, but from Tyrone, which is more distant, a far smaller number is sent. There

may be sufficient reasons, why Dublin and Limerick should have a greater proportion in their district Asylums than the surrounding counties, but we see that Louth and Longford, the most remote from the Dublin and Maryborough Asylums, have not more than half the proportion of the others. The same occurs in regard to two counties connected with the Carlow and Ballinasloe Asylums; from Wexford and Leitrim the proportion being much less than from the other counties in either district, with the exception of Sligo; which, from some unexplained cause, has not sent any to its district establishment.

We have no *data* to authorize us to assume, that insanity is much more or less prevalent in any particular county or counties of Ireland than in others. And as we find that those counties, which are the most remote from the district institutions, have sent by far the smallest proportion of cases to them, this circumstance should make us pause before we enlarge these buildings, lest, after considerable expense had been incurred, they may not be as available as their projectors expect. There is, perhaps, no class of patients, whom we should suppose their friends and the public authorities would be more likely to send to institutions, intended to afford them gratuitous and efficient aid, than curable and violent lunatics, for very obvious reasons. But it is plain they are not sent from any considerable distance. Now is it not highly probable, that as lunatics of that description are not sent, the same causes, whatever they happen to be, which operate in keeping them at home, will act with still greater certainty in regard to those of a less violent class; idiots, epileptics, &c., if these have to be transmitted to any considerable distance? In the case of the former, the relatives, magistrates, &c., usually expect recovery or much improvement from confinement in the Asylum, and, on this account, are induced to send them; but in respect to the less curable class this stimulus is taken away, and were there no other reason, it is to be apprehended that this alone will be sufficient to have a great proportion of that class still at large.*

* In the very first Report of the Carlow district Asylum, I find the following from the Manager:—"Permit me to suggest for your consideration some plan for the removal of *recovered* patients from this Asylum, as I find it quite impossible in many instances, by letter or otherwise, to prevail on the

In confirmation of this view of the probable operation of district Asylums, in respect to a large proportion of the least curable cases of remote counties, I may instance Sligo. The Connaught Lunatic Asylum was opened in October, 1833, and has ample room for eighty more than it yet contains; but notwithstanding, the public authorities of the county Sligo have not sent their lunatics there, retaining them in the county gaol, contrary to act of parliament, and to the remonstrances of the Inspectors General of Prisons.* This probably arises from the dislike of the grand jury to pay the higher sum, which these patients would cost in the district Asylums, to which it would appear that other northern counties also object, for I am informed by a good authority, that the grand juries of several have objected to their share of the presentments claimed for these institutions, and that, on such refusal, the judges have been obliged to use the powers intrusted to them, to present and *fiat*, even without the concurrence of the grand juries. How far this explains the smaller number sent from several counties, I am now unable to state. But from all these circumstances, it is evident that grand juries, or other local county authorities, would be much more favourable to county establishments, even though the expense were the same as in those more remote, as the money being circulated in their own county, less objection would be felt to its assessment and payment. But independent of the advantage of separating the curable insane poor from the incurable, another remains to be explained, and one in my opinion of no inconsiderable kind. By the act of 1821, the "lunatic poor" only can be admitted into a district Asylum, and even though there were

friends or others signing an engagement to comply with their undertaking." And in the last Report, he suggests, that "cured and harmless patients be sent home at the expense of the establishment." So that even in sending home such persons, contiguity would be an object, in point of saving and convenience, as of course the nearer to the institution their friends reside, the less of either can be incurred.

* In the Report for 1833, in reference to the Sligo prison, these gentlemen state, that "a great injury to discipline and order is occasioned by the number of idiots and lunatics committed to this prison. There were twenty-two on the day of inspection; I would submit that a separate building should be erected for these, and provision made for their comfort under other officers." And in 1835, the Report is, "the number of lunatics and idiots is a serious evil; there are forty-one confined in this gaol, where they are *illegally* mixed with the class of sane criminals. The Lunatic Asylum at Ballinasloe is ready to receive them *if required to do so*."

considerable spare room in it, none but paupers, or *persons committed as paupers*, can be received. Now, we know that insanity is a disease that affects others who are not paupers in as great a proportion as it does the latter, and it would appear but just and expedient, to provide for the cure or improvement of the former, if it can be done without interfering with the latter, who have the first claims on our sympathy and protection. If we divide the population of a county into three classes, the insane of the first, or most wealthy, we shall suppose to be able to pay the sum demanded at private Asylums, the *minimum* of which is, I believe, about £30 a year; those of the second class will be able to pay from £10 to £20; the third are paupers. In the second class, we shall find a considerable number of curable and incurable insane, a fact which the experience of several years fully warrants me in asserting. Now, by the present laws, this class is inadmissible to district institutions unless as paupers; and the operation of the law is this, and always must be so:—one of the family of a small farmer, shopkeeper, or comfortable tradesman, becomes insane, and requires the discipline of a well regulated Asylum; his friends are willing to pay according to their circumstances, which enable them to give from £10 to £25 a year; but no private institution will admit him for that sum, and they cannot, without injury to their families, pay £30. They, therefore, apply to have the lunatic admitted into the district Asylum as a pauper. Observe then what happens; if he be admitted, the public are charged with £20 a year for the support of a person both able and willing to pay that or a somewhat smaller sum; but if refused, being unable to pay the higher premium for a private Asylum, the friends are obliged to keep the unfortunate lunatic in his own family, or to consign him to the treatment of unfit persons, whose want of judgment and perhaps of feeling, soon convert a curable into an incurable case. Now ought either alternative be allowed? Is it desirable to *facilitate* the pauperizing of such as are not paupers in any sense of the word, or who do not desire to be so considered? And should we not rather afford them the opportunity of avoiding such an alternative? But on the other hand, the class I allude to peculiarly deserves our best attention. Amongst them are to be found industry, morality, integrity, and other good qualities, in a far greater proportion, perhaps, than amongst any other. When afflicted by so frightful a malady as in-

sanity, therefore, a single case of which we know to be quite sufficient to break up the comforts and to impede the industry of a family, should not every assistance be afforded them consistently with the convenience of the public? Now, if this can be done without in the least interfering with the claims of the third class, by the admission of the curable patients of the second at such rates as their respective friends can afford to pay, is it not evident that two advantages must result, first, lunatics who may, and often will, be otherwise excluded, receive the benefit of a good Asylum, and next, the public are paid for the benefit so conferred. Independent of these considerations, it should be recollected, that the second class contributes largely to the support of the district Asylums, and for this, and many other reasons, have strong claims on the public.

Now if incurable lunatics and idiots be kept in distinct establishments, such curable cases as occur amongst this second class, might be conveniently accommodated in the present district Asylums, which could then be made available for all who are unable to pay the sum usually charged in private institutions. And if it should at any time happen, that the curable lunatics of the third or pauper class, were so numerous as to entirely or nearly fill them, there could be less objection to increase the buildings, when the whole of these two classes would be benefited by such increase, and a considerable part of the annual expense borne, not by the public, but by individuals, as in the English Lunatic Asylums.

The objections raised to this arrangement, should any be made, can, I think, be readily met. Some may suppose that the difference of diet necessary for each class is an objection to the receiving any for whom payment is made. But in every Asylum there must be variations in the diet of several. And if the community at large be benefited, whilst the expense is not increased, surely these minor, or, perhaps I might justly say, imaginary difficulties, should not be allowed to stand in the way. Beside there would be no great difference necessary in the diet of the second and third class.

To those who object to the reception of any except pauper lunatics into district Asylums, I would put these questions; are not a considerable number of that class insane who are not paupers? And if there be, what is to become of them if not admitted as paupers, or for moderate payment? I can answer that many of them will be admitted as

mere paupers, who are well able to pay £15, £20, or £25 a year, *for I know that such things are now done*, and always will, unless some provision be made to enable them to be admitted on such terms as they can afford to pay.*

Since the above was written, I find that county establishments for the reception of incurable lunatics, idiots, and epileptics, on a principle somewhat similar to that here recommended, has been advocated by Mr. Seyer, (*see Dissertation on the Features and Treatment of Insanity, 1827;*) in the following excellent passage: "I shall merely add a few remarks on the urgent necessity of making a more suitable provision for the reception of idiots and epileptic persons, who are mostly excluded from our principal lunatic establishments, through the agency of our county funds, under the patronage of government. As idiots *ex nativitate*, or rendered so from disease, such as epilepsy or palsy, are nearly in the same state, as far as respects the cheerless prospect of melioration from physical or moral discipline, except in a few solitary instances, inasmuch as instead of aberration, there is total eclipse of reason, it would be a meritorious object to erect some establishment for their confinement on a different principle from that of a common lunatic Asylum. Humane attention to their physical wants and comfort, independent of occupation adapted to circumstances, would comprise every thing. Those in the vigor of youth might be gradually led to feel something like gratification from employment and acts of cleanliness, which would be found to promote a greater share of bodily health, and tend to counteract the tediousness of a life of perfect apathy and indolence. Many an unfortunate object of this description falls to the lot of the humble and industrious peasant, or little mechanic, exposed to brutal usage, or the barbarous and wanton usage of their neighbours, and calculated, without any prospect of redress, to embitter the little portion of happiness that might otherwise attach to the other portion of the family. A public establishment for the exclusive accommodation of this class of sufferers, adapted to the proportional numbers and population of each county, would ease the burthen without wounding the feelings of parents

* This chapter on Lunatic Asylums should, in the regular order, have followed that on Dispensaries, but the entire of the returns necessary to prepare it were not then in my possession.

thus aggrieved, some of whom would sooner submit to the serious incumbrance and disadvantage of retaining them in their families, than abandon them to the care of a common lunatic Asylum; and where the circumstances of the parties were a little above mediocrity, a monthly or quarterly contribution might be anticipated in the infancy of such establishment, as a relief to the necessary and contingent expenses of the institution." These suggestions shew, that Mr. Seyer has closely studied the subject of insanity in all its varieties.

CHAPTER VIII.

PROVISION FOR THE INCURABLE SICK POOR—INCURABLE HOSPITAL IN DUBLIN—HOUSES OF INDUSTRY.

THE more we investigate the state of every class of the sick poor of Ireland, the greater appears the necessity of making for them such a liberal provision as their wretched condition requires.

It might be supposed, that a system of general Hospitals and Dispensaries, such as has been here suggested, must be sufficiently comprehensive to afford medical aid to all that could possibly require it; but even though such institutions were established, there would still remain unprovided for a numerous class of the most wretched beings that can be imagined; persons affected with painful and incurable medical or surgical complaints, who are unable to labour, and have no relatives willing or able to support them. By the rules of all our infirmaries, incurables are very properly excluded from these institutions, or if any be admitted, they are, of course, discharged after a short period of probation. Many of these unfortunates are obliged to beg, to save themselves from starvation, but the fœtor arising from foul ulcers, and other circumstances, naturally create a feeling, even on the part of a people proverbially kind, against these when they ask for charity. But many of them are unable to go about as beggars, or to obtain admission into the houses of the peasantry, and it not unfrequently occurs, that they are obliged to sleep in ditches or out-houses, without any other covering except the tattered rags they wear in the day-time.

For these there is, in general, no provision, except that in the few counties in which there are Houses of Industry, some of them are usually received into them ; but many circumstances concur to prevent their admission in any considerable proportion, the chief of which are, that these institutions are by law intended for aged and infirm persons, and for vagrants, the former to be there supported, the latter punished or corrected. Incurable cases, if not prostitutes, will find it, therefore, difficult to obtain admission, as many of them are not of the aged and infirm class, and such as are dislike to be admitted as vagrants, even though there were room for them. But constituted as Houses of Industry now are, were there one in every county in Ireland, very few incurables could get admission, which is reserved for a class infinitely less in want of the benefits to be derived from these charities.

The only institution in Ireland for the relief of this class of patients, is the "Hospital for Incurables" in Dublin, which receives two parliamentary grants annually, one £44 10s. 11*d.* as a public infirmary, and from £400 to £500 as an additional one. In 1831, the income of this Hospital was £1632, the expenditure £1515 ; the number of patients in the house (5th January, 1831,) 77 ; admitted within the year, four ; died, four ; annual cost of each patient, £19 13s. 6*d.*

Dr. Wilmot, Surgeon to the Hospital, has kindly favoured me with the following return:—during the years 1832, 1833, and 1834, the admissions were twenty-eight ; the rule of the Hospital is, that each person, when making application for admission, shall be a resident in the city, or within a circumference of three miles ; as vacancies occur by death or otherwise, patients are selected from a list of candidates consisting of thirty applicants, who have been previously selected as fit objects for admission, when those most afflicted get the preference, and each of the thirty persons so chosen gets 2s. 4*d.* per month, to be enabled to appear on board mornings. When vacancies occur, they are filled without reference to recommendations from governors.

From other sources of information, I find that many have been one, two, and three years waiting for admission, which, indeed, is evident from the small number annually received, and that on the list permanently.

It is evident that this Hospital must be chiefly useful to persons residing in and near Dublin, as none others could attend the board meetings every month. But were all the

beds open to patients from the country, the relief would still be insignificant, as compared with the number requiring it. Besides, the expenditure is much more than such patients can be supported for in county institutions, for in the Clonmel House of Industry, the average annual expense of each individual in it (about 200) is £7 10s. ; and supposing the incurables to cost somewhat more than the healthy, infirm, or vagrants, still £10, or perhaps a smaller sum, would be amply sufficient to support each.

I might well depend on the notoriety of the miserable condition of this class of persons, without adducing any proof whatever to shew that they are fit objects for legislative relief, but one or two instances may not be amiss.

A wretched old man, above eighty, the resident of a town in which there is a large House of Industry, applied for admission into the county infirmary, and was refused; a large open cancerous tumour on his neck being deemed incurable. On his return, one of the governors of the House of Industry committed him as a vagrant; the committal was shewn the visitor for the week, who refused him admission, writing on the other governor's committal, that the person was "a fitter subject for an infirmary," (from which, observe, he had been lately excluded.) This miserable old creature was afterwards obliged to sleep in the open air, and in out-houses, the stench from him being such, for want of proper opportunities of washing himself, and of linen to dress his neck, that no one would give him lodging, and he still continues to drag out a wretched existence in this manner.

A magistrate committed a poor wretch (represented to him by a benevolent Quaker gentleman, to be in a state of the greatest destitution, for want of food and lodgings, and being in bad health) to a House of Industry; but from instructions received by the master, he was refused admission. Next morning he was found lying on the road, near the institution, where he had remained during the night. Another governor interfered, and he was admitted, but died in a few hours, having all the appearance of extensive visceral disease and starvation.

In refusing admission to such persons, the governors only act according to law, which contemplates, that all who are admitted as vagrants shall be persons that can be compelled to work. They might, it is true, be admitted as infirm persons, as many incurables are, but the constitution of

Houses of Industry must be greatly changed, before this can be done to any considerable extent, as it is an object with the local governors to reserve room for a certain number of reduced tradespeople, servants, &c. in the infirm part.

But even though all the incurable paupers of every county, in which *there are* Houses of Industry, were admitted into these institutions, as there are about twenty-four that contain no such charities, and as it cannot be supposed that this class of patients is less numerous in the latter counties than in the former, the necessity would still exist for making a provision for the incurables of those twenty-four counties.

Being at present unable to give a general view of the Houses of Industry of this country, these institutions not being necessarily connected with the subjects I proposed to treat of, I shall merely give such a short account of a few, as will enable the reader to perceive the proportion in which the different classes are admitted into them.

The Dublin House of Industry contains in its aged and infirm department, about an average of 975 persons; in the lunatic (incurable) department, 519; in the mendicant cells, thirty.

In February, 1834, there were in the Waterford House of Industry, 205 infirm, thirty-one vagrants, ninety-six lunatics and idiots, total, 342. The annual expense for each was, £8 6s.

There are at present in the Clonmel House of Industry, 196 persons, viz. ninety-eight infirm, sixty-nine vagrants, and twenty-nine idiots and epileptics; of the entire, about forty, exclusive of the insane, are affected with various incurable medical and surgical complaints. About 100 were residents of Clonmel and a circle of five miles around it.

The number in the county of Clare House of Industry is 115, viz. eighty-eight infirm, sixteen orphans, and eleven children not orphans; of the infirm, about fourteen labour under incurable diseases, ten incurable infirm were refused during the last year, and four such admitted. Of the entire number in the house, forty-four were residents of a circle of five miles around the establishment.* The average ex-

* The Houses of Industry of Clonmel and Ennis afford another statistical fact to shew, that in county establishments those most contiguous to such institutions derive much more benefit from them than others residing more remote. The population of Clonmel, and for about five miles around it,

pense for diet per day, during the last seven months, was only $1\frac{5}{8}d$.

In the annual Reports of a few of the county infirmaries, allusion is made to the number of incurables discharged, but none to that to which admission is refused.* In one year, the Carlow Infirmary discharged six; the Derry, seven; the Westmeath, five; the Meath, five. In twelve English infirmaries, from which Mr. Oxenden got returns respecting those discharged incurable, the total number in one year was 195, or $16\frac{1}{4}$ for each Hospital.

But though no accurate account can at present be had respecting the number of incurables in each county, no one will deny, that unfortunately they are sufficiently numerous to claim the consideration of the legislature, without whose interference the public authorities are not likely to provide for them. This provision could perhaps be most efficiently and economically effected, by assigning them a separate department of the county institutions proposed to be established for the incurable insane. If these buildings were so contrived as to contain the latter in one part, and the incurables in another, but quite distinct, division, the expense must be considerably lessened, as no second machinery or set of officers, &c., would be wanted. And when in operation, care could be taken, that the magistrates in each barony should have notice of vacancies, and that such vacancies should be filled, so as to give each part of the county a fair relative proportion of the advantages of the institution; consideration being had to the greater or less severity of individual cases. It would be necessary that to each such establishment as much ground should be attached, as would

get admission for one in about 330, that of the remainder of the county for one in 3854. The population within five miles of Ennis, including that of the town itself, get admission for one in 800, that of the remainder of the county for one in 3140. These are the only Houses of Industry from which I have been able to obtain such statistic returns, but were they had from each of the others, I have no doubt the result would be nearly alike.

* In some infirmaries it appears, that the beds, which might be usefully occupied by curable cases, are appropriated to incurables, as at Londonderry, for instance. Mr. Cusack lately pointed out to me two patients in Stevens's Hospital, one of whom had then been there two years, the other about eighteen months, though application had been frequently made to the governors of the House of Industry to admit them into that, which was, by far, the fitter place for them. Such a circumstance, one would suppose, ought not to take place in Dublin.

allow the inmates sufficient room for exercise in the open air, and for employment, as amongst the incurable insane, especially, there are many who would labour much and cheerfully with benefit to themselves, and advantage to the institution.

Without entering on the question of poor laws, or giving an opinion whether such are necessary, or inexpedient for this country, I feel justified, from several years' close observation of the machincry of Houses of Industry, to assert, that were such provision made, as I have here suggested for incurable sane and insane paupers, some of the present institutions of that class, that in Dublin perhaps excepted, ought to alter their regulations respecting the admission of infirm persons and vagrants. But few of the former require to be taken into public establishments as *mere infirm persons*, whatever their age or circumstances may be. Support and lodging many of them do and would require, but a moderate sum paid to them, or for them, weekly, would effect these objects equally well, as if the same were expended on them in a workhouse. On this weekly allowance they could live as comfortably, perhaps more so, amongst their relatives and friends, as in a House of Industry. What necessity therefore can there be, for admitting mere infirm persons into such institutions? We do not want to correct or punish them; they are generally unable to work, and if they were, these would be unfit places for them. It is well known, that if we desire to admit into them all the aged and infirm that require to be supported, not only shall we have to erect a House of Industry in every county, but almost in every parish. The expense of building such establishments would, if done to the required extent, be immense, and after all, it appears doubtful whether any advantages would be derivable from them as mere receptacles for infirm paupers. Should any system of making a provision for those who require to be supported at the public expense, be at any time adopted, it must, of course, be an optional not a compulsory one. Under the operation of such a law, it would be a great advantage, that the parish authorities were left at liberty to give each infirm pauper such sum as circumstances appeared to demand. One might be quite destitute, and would therefore require 2s. per week, but another that was less so, would be sufficiently provided for at a smaller rate. This advantage of graduating the amount to be paid in proportion to the necessity of the case, is entirely lost when the pauper is sent to a workhouse, as all these are equally ex-

pensive. And again, unless these institutions are numerous, it will be always found that those who are most contiguous will obtain admission in a far greater proportion than others more remote, a circumstance which does, and will happen, without the governors being at all desirous to favour their neighbours at the expense of those at a distance.

With respect to the admission of vagrants into our Houses of Industry, I am equally of opinion that a considerable change is required. The greater proportion of this class are prostitutes. These are admitted under different circumstances; some, committed by the magistrates as nuisances, are kept one or two years in the house, others come in of their own accord, on the committal of a governor; some of these are diseased, and solicit admission in order to be cured; others wish to be admitted or left in, from a desire to change their bad habits, or from their health becoming so broken, as to find it impossible to any longer continue in their former courses, but without being actually diseased.

That a place for the reception and correction of this class of persons is desirable, I do not deny; those who are diseased should of course be admitted, as well perhaps as such as have got into broken health. But a considerable number are not of either class, but persons who remain in the house for years, as a place which affords them a pretty comfortable maintenance without much labour. In fact, for these the institution becomes a penitentiary, which would be desirable enough, were it not certain, that a far more deserving and an equally suffering class is excluded in proportion to the room they occupy. I mean aged and infirm poor, and persons affected with incurable diseases, even though they be of that description, which from their character and habits may be called vagrants, either male or female.

It appears that already a disposition to limit the number of vagrant females (prostitutes) exists in some institutions, for we see that in Ennis none are admitted, and in Waterford but very few. If admitted for the purpose of checking immorality, it is very doubtful that it has that effect, as unfortunately others take the place of those so confined; so that no useful public object being gained, perhaps it would be better (unless penitentiaries were established and supported by voluntary contributions and the labour of the inmates) that the shelter afforded to those unfortunates in

Houses of Industry, were limited to Hospital aid when necessary, and some period of *strict* solitary confinement, not perhaps to exceed one or two months. This would insure the cure of those that are sick or diseased, and punishment ; and the shortness of the period of confinement would leave more room for deserving objects. Punishment also would come more frequently, as on every committal the solitary confinement, with some species of labour if practicable, would be certain.

These observations chiefly apply to the present Houses of Industry ; were such establishments as I have suggested to be erected for the incurable sane and insane paupers, it might be necessary to have two in large counties, but one in the smaller would be sufficient ; because if Dispensaries were judiciously managed, and a sufficiency of infirmary room in every district, there could be no necessity to send any but incurable cases into these incurable Hospitals.

CHAPTER IX.

DUBLIN MEDICAL CHARITIES.

IN a former chapter it has been stated, that Dublin is less taxed for its ordinary medical charities than could have been supposed, or comparatively than other large cities in Ireland. The first Table shews, that of an annual average expenditure of £34,741, for its three classes of Hospitals, fourteen in number, only £1615 is presented on the city, and £2374 raised by subscriptions, whilst parliament gives for the support of these institutions, no less than £20,580 a year. I do not mean to deny the utility, or to use a stronger phrase, the necessity of giving a liberal grant for this purpose, as without it these charities would not be so extensively useful to the sick, or enable the medical officers to render them, what many of them now are, excellent schools for the instruction of medical students. But if the principle be admitted as regards Dublin, will it not hold good in respect to Cork, Belfast, and other large places, where there may not be, and where there are not, sufficient funds either for the relief of the sick, or to stimulate some of the medical profession to such exertions, as might enable

them to make any institutions they are connected with auxiliary to the diffusion of medical information? One can hardly understand, why more than £20,000 a year should be granted for the Dublin Hospitals, and only £100 for those of Cork; were we not certain of the fact, that Dublin being the residence of the Irish government, the medical men of that city have constant opportunities of acquiring the confidence of the different Lord Lieutenants and Chief Secretaries, each of whom is anxious to do something during his period of office for the public charities, whilst those who reside in Cork and other places, being deprived of these opportunities, are unable to obtain similar grants for their institutions, though equally or more in need of them. It cannot be, that Cork, Belfast, Limerick, &c., are more wealthy than Dublin, or that the gentry of the latter are less able to support its charities by public and private aid, than those of other parts of Ireland. Neither can it arise from any great number of patients being obliged to resort to Dublin for medical aid, any more than persons are under the necessity of going to Cork or any other large city, if sure of obtaining it, for if funds were granted in an equally liberal proportion for the establishment and support of Hospitals in provincial cities, the physicians and surgeons there would soon be equally celebrated, and these Hospitals would confer similar benefits as those in Dublin. Now without, as I have said, the slightest desire that those grants should be diminished, it may not be amiss to point out some circumstances, which may perhaps induce the government and the legislature, to think that other parts of the kingdom are also deserving of their favourable consideration.

By the parliamentary returns (see Table X.) we find that the presentments for the public charities of the city of Cork, on an average of two years, amounted to £5,174 or $11\frac{1}{2}d.$ per head on each of its inhabitants; those of the city of Waterford amounted to £1294, or $11d.$ per head; of Kilkenny to £874, or $6d.$ per head; whilst the presentments for the public charities of the city of Dublin, were only £2975, or $3\frac{1}{2}d.$ per head. This shews, that the more wealthy inhabitants of the latter city are less taxed for their medical institutions, which almost entirely comprise "public charities," than those of much poorer places. They neither present nor subscribe for the three large Hospitals of the House of Industry, or for the Lock Hospital; there are no presentments for any of their fever institutions, and only

£318 of subscriptions, and yet no one will deny, that all these and the other Dublin Hospitals, are chiefly beneficial to the sick poor, and, of course, to the wealthy of the city and county of Dublin. Would it not therefore be well to consider the expediency of giving a similar grant to other large cities, where there appears to be a want of funds? Or if the principle be objected to, as it probably would, why should not Cork, Limerick, Waterford, &c., obtain some portion of this £20,580, which, be it observed, is only a part of the parliamentary grants for Dublin, that given for Hospitals only, as there are considerable other sums paid to the other charitable institutions of that city, independent of the above sum? But the favour shewn Dublin, and the want of consideration respecting other large places, will more clearly appear from the following circumstance. For a considerable period, the South Infirmary at Cork was allowed a parliamentary grant of £200 a year, for the purpose of enabling the governors to take in bad venereal cases, which it may be well supposed must be numerous, in such a trading seaport. A few years ago, government ordered some inquiry to be made respecting the Dublin Lock Hospital, which up to that period admitted males as well as females. Some alterations were suggested by the gentlemen appointed on this inquiry, and the Hospital was directed to be used for the reception of females only. Since that period, though the sum of £2900 is annually given by parliament for the support of the Dublin Lock Hospital, the usual £200 has been discontinued to the Cork South Infirmary, which has, in consequence, been obliged to close its venereal wards. Is this just? But the government may be told, that the Dublin Lock Hospital being open to females from all parts of Ireland, is equally available to those of each county or province, *and perhaps they really think that such is the fact*, for otherwise, it can scarcely be supposed they would refuse the Cork grant. For the purpose of clearing up this point, I lately applied to two of the officers of the Westmorland Lock Hospital, the apothecary and secretary, and requested answers to a few queries, which would be quite satisfactory on the subject; but no information could be had from either, that would tend to throw any light on it; that is, I could not learn from them what proportion of the patients admitted during any given period were residents of Dublin, and of the different counties; though I shewed how such a statement could be made out in a few minutes. I

have, however, through the kindness of Major Woodward, the Inspector General of Prisons, who is one of the governors of the Hospital, been able to procure the following statistic.*

Patients in the house (27th March, 1835,) 150, whose respective residences, previous to admission, were as follows; resided in the city of Dublin, sixty-three; county of Dublin, six; Carlow, six; Kildare, sixteen; Kilkenny, three; King's County, two; Longford, two; Louth, six; Meath, five; Queen's County, eight; Westmeath, two; Wexford, four; Wicklow, three; Donegal, one; Fermanagh, one; Tyrone, one; Cork, three; Limerick, two; Tipperary, one; Roscommon, one; Sligo, one; England and elsewhere, 10; total, 150. Admitted (in 1834,) 763; died, twenty-one.

By this return we see, that whilst the city and county of Dublin had sixty-nine at one time in the Hospital, and the entire of Leinster 126, Munster had only six, Ulster six, and Connaught but two. And admitting the patients received during the year to belong to the different counties in the above proportion, the county and city of Dublin alone must have had Hospital accommodation for 345, whilst Munster had it for only thirty, Ulster for thirty, and Connaught for ten. In a word, as I suspected, Dublin and six of the contiguous counties send in a majority of the patients, viz. 110 out of each 150. Again, I would request attention to the fever wing of the county Dublin (New Meath) Infirmary, the entire annual expense of which, about £813 a year, is paid from the treasury. This infirmary is legally and ostensibly for the use of the county Dublin, in which there is no other fever Hospital. It contains only thirty-five beds for fever patients. This county, surely, is as well able to support its fever Hospital as any other other in the kingdom; nay, it is comparatively the most wealthy; why then should it be exonerated from a charge which falls on all others? Is it because in addition to the legal privilege enjoyed by its medical attendants, as physicians and surgeons of the Dublin colleges, and to that of their being per-

* Major Woodward, who was for many years Treasurer to the Cork South Infirmary, authorizes me to state, that he learned from the gentlemen intrusted with the arrangement above alluded to, that it was fully understood, that they would recommend to the government the continuance of that grant; which, however, either they did not, or the latter have not adopted the suggestion.

mitted to appoint their colleagues when vacancies occur, they have engrafted on it an illiberal if not an illegal by-law or regulation, that of appointing none but such as have been apprentices in the Hospital? Can it be possible, that any government knowing such a practice, would sanction it? But sanction it they do, as long as they give to this Hospital a grant, which under no circumstances is the county of Dublin entitled to.

These instances, which could be readily multiplied, shew that hitherto the medical institutions of Dublin, and those medical men connected with them, have had considerable advantages over those of all other parts of the kingdom. Those advantages, for obvious reasons, would not to a certain extent be objected to by any who are anxious for the good of the sick poor, or for the establishment of good schools of medicine and surgery in Ireland. But there is one circumstance connected with them which forces itself on our consideration, and which one cannot avoid taking notice of, which is this: as parliament contributes so largely to several of these medical institutions, should we not expect that the appointments made by the government, with whom the patronage rests, would be made on a principle shewing the wishes of the latter to bestow those situations according to merit, not through parliamentary or other influence? And would it not be reasonable, that such as hold those lucrative and respectable situations should rather incline to the reform of the medical profession, and of our medical institutions, in place of being, as many have been, and some still are, the sturdy opponents of both? The consciences of professional men, it is true, should not be forced in consequence of their holding particular situations; but if government be of opinion, as each successive administration for a long time has been, that the good of the public, and that of the medical profession generally, require certain changes, there surely could be nothing harsh in refusing to benefit those who are ready to receive its favours, whilst they oppose its wishes.* But these questions, though not quite fo-

* Were the patronage enjoyed by government in respect to the district Lunatic Asylums, and those Dublin Hospitals which receive large parliamentary funds, made on the principle here alluded to, considerable advantages must be the result.

reign to the present subject, are fitter for an essay on medical reform.

But to return from this digression to the subject of Lunatic Asylums, I find from the valuable work of Sir Andrew Halliday, that in 1826 there were in public and private Asylums in England and Wales, 4782 insane persons, and that the number of lunatics not in confinement was nearly as many more; in all, he states above 8000. In Scotland, the parliamentary returns gave 648 as the number in public and private Asylums, and ten in public gaols; but from returns obtained by this indefatigable author, from the clergymen of "800 of the 900 parishes into which Scotland is divided, it appears, that there are about 3700 insane persons and idiots in that kingdom," of whom upwards of 1600 are at large, most of them wandering over the country, and subsisting by begging.*

It would be unpardonable in a work of this nature, to omit a circumstance which reflects the greatest credit on an individual, whose unostentatious but persevering exertions in the cause of the insane, and indeed of the sick poor in general, have far surpassed those of any of his contemporaries. "This benefactor to the human race," is the Right Hon. T. S. Rice, whose labours should be known to his countrymen as well as to those of Great Britain; the more especially, as the meed of praise so justly due to him has been endeavoured to be claimed by another, not a native of this section of the empire, who not only is not entitled to it, but who actually opposed the improvements effected by the Chancellor of the Exchequer.

After giving an account of the Lunatic Asylums of England and Scotland, Sir A. Halliday thus alludes to those of this country:—"Ireland," he observes, "is the only portion of the British empire, where just views have been entertained of what was necessary for the comfort and cure of her insane population, and where these views have been carried fully into effect. When we reflect on what the state of Ireland was, and now is, we have a most striking proof of what the zeal and perseverance of a single benevolent individual

* From this account of the lunatics of Scotland, we see how defective parliamentary returns often are, to shew the number of any particular class of patients, when the legal machinery is insufficient to take cognizance of those in each district.

may accomplish for the benefit of his fellow-creatures, and that too in a very short period of time.

“ On turning to a small work published in 1808 by Mr. Murray, we find there was not at that period one public establishment in the whole kingdom, except Dean Swift’s Hospital at Dublin, and even that was in a very bad state. The poor (as indeed was the case over all the empire) were crowded into the workhouses and prisons.” Sir A. then enumerates the different institutions established up to 1827, the date of his work, and proceeds, “ all these Asylums are conducted with a degree of attention and regularity that reflects the highest credit on the government, as well as the local authorities concerned.

“ And by whom has this wonderful change been effected? I answer, by the indefatigable exertions and persevering zeal of Mr. Thomas Spring Rice, the worthy Member for Limerick; and so quietly and silently has it been effected, that this zealous and active friend of his country, this benefactor of the human race, has scarcely ever been mentioned as connected with the subject, while others, I know, have received the meed of praise that was justly his due.

“ I am ignorant of the circumstances that first drew Mr. Rice’s attention to the wretched condition of his insane countrymen; but this I know, that the blessings of thousands must attend him, and his memory will be held in grateful recollection by millions that are yet unborn.

“ In 1817, Mr. Vesey Fitzgerald introduced into the House of Commons a short bill, which had been prepared by Mr. Rice, and which was passed into a law.”

This act it was that laid the foundation for that of 1821, in preparing which, I have reason to believe, the Chancellor of the Exchequer had a principal share.

CHAPTER X.

EXPEDIENCY OF APPOINTING INSPECTORS OF MEDICAL CHARITIES;
THEIR DUTIES, AND THE ADVANTAGES TO BE DERIVED FROM
SUCH APPOINTMENTS.

It is generally, if not universally, admitted, that to insure a due and honest administration of public institutions, whether

medical or non-medical, a frequent inspection by competent persons, vested with sufficient authority to investigate and expose any glaring abuse or defect, is of the first importance. Without it, the inducements to negligence and irregularity are so many and so constant, that he who expects that the machinery being once put in motion, and the officers and servants fairly paid, all must go on well, will soon find himself woefully mistaken.

These inspections must, however, a good deal depend on the particular objects of the institution. In non-medical charities, the frequent visitation of the local governors, were these to do that duty in rotation, each for a week or month, would be of great value, if performed, as suggested by the Dublin Hospital Commissioners, "at irregular hours, and not in a hasty or superficial manner." But in medical institutions, though such inspection by the local governors is of great importance, and should never be omitted, yet even when regularly and well performed it would not be sufficient, either to insure the efficiency of the charity, or to promote those *secondary objects*, which in such ought to be ever held in view by the medical officers and the public.

The reasons for this will appear on a slight consideration of the subject. The objects of non-medical charities, as Houses of Industry, Mendicity Institutions, &c., are so few and simple, that any intelligent governor is fully capable of satisfying himself on visiting, whether these objects are properly kept in view by the manager and attendants. Plain but wholesome diet, cleanliness, ventilation, regularity, and employment if it can be had, are the principal circumstances to be attended to in such places; and any common observer can at once perceive if they be attended to. But the case is far otherwise in respect to Infirmarys, Fever Hospitals, Dispensaries, and Lunatic Asylums. These institutions may be kept clean, regular, well ventilated, and in every respect apparently in the best order, and yet be very insufficient, as I have often known to be the case. And when this happens, none but medical men, accustomed to inspect such charities, will be able to discover or expose the defect. This will be more apparent when the reader examines the columns in the eighth Table, shewing the number per cent. that died in infirmarys and fever Hospitals. In the former the *maximum* is $7\frac{4}{7}$, the *minimum* $0\frac{5}{7}$; in the latter the proportion ranges from $11\frac{2}{5}$ to 2. Again in the case of infirmarys, we find that the admissions in the New

Meath are in the proportion of $14\frac{7}{11}$ to each bed per annum, and that several admit from 10 to $12\frac{4}{11}$; whilst others receive a much smaller number, even as low as $2\frac{1}{3}$ per bed in a year. There are many reasons, a few only of which I can here advert to, why these disproportions should be explained, *but fairly and scientifically explained they never will be, except by competent medical inspectors.*

Again, I would request the reader's attention to the columns in the eighth Table, shewing the average cost of provisions, &c., for each intern patient in the county infirmaries. Here we find that in the Londonderry and Donegal, the cost of each is £3 Os. 7d. in the former, and £2 12s. 2d. in the latter, whilst in Louth and Mallow, it is only 9s. $4\frac{1}{2}$ d. and 10s. $3\frac{1}{2}$ d.; the mean of the whole being £1 3s. 4d. The *maximum* cost of medicines and surgical instruments in any infirmary, is, for each intern patient, £1 Os. 6d.; the *minimum*, 6d.; *mean*, 7s. 7d. The average cost for fuel, soap, and candles, was 13s. 4d. for each intern in one infirmary, whilst in two it was but 1s. 6d.; the *mean* average of the whole being 5s. $3\frac{1}{2}$ d. The *maximum* expense of each intern for salaries, was £1 12s. 3d., (the county Wicklow Hospitals are scarcely fair examples,) the *minimum*, 8s. 3d.; *mean* average, 13s. $1\frac{1}{2}$ d. The total cost of each patient in one Hospital was £5 6s. 10d., whilst in another it was as low as £1 10s. 4d.; the *mean* average of all being £3 4s. The number of days that each patient remained in one Hospital, on an average of all that were admitted, was $131\frac{1}{2}$; whilst in another it was only $23\frac{1}{2}$, the *mean* general average being $37\frac{1}{2}$. Now, is it not of much importance, that this great disparity should be ascertained and pointed out; and by whom can it be done, or by whom is it likely to be done, except by competent medical inspectors? The local governors are inadequate to it, and many of them would not execute the task, even though they were, for very obvious reasons. The medical officers themselves are somewhat similarly circumstanced; they will not, and ought not to be expected, to furnish any document condemnatory of themselves, (if such it should be,) of their practice, or of the efficiency of their Hospitals, for in doing so honestly, several of them may incur the displeasure of governors, who from whim or want of sufficient information, may be the cause of any defects which the medical officer is called on to point out. But is it not evident, that until we have the information to be had from such inspections, we cannot

hope that our medical institutions shall be sufficiently effective, nor can we know why any particular one is more or less so than another? The practical advantages to be derived from such information, and the necessity of instituting these inspectorships, may be understood even from those Tables which I have drawn up in so hurried a manner, as to leave them much more imperfect than I could wish.

When the mortality of some infirmaries is as high as five, six, and $7\frac{6}{7}$ per cent., and that of several others as low as from one to two, it appears of much importance to ascertain the cause of this great difference. If in Longford, Roscommon, Mayo, Galway, &c., where the proportion of deaths is so small, this arise from the superior talents and the greater attention of the medical officers, would it not be highly desirable that the profession should know the practice adopted in such infirmaries, and the kind of attention bestowed, that an equal success should, if possible, be obtained in others in which the ratio of mortality is now so much greater? Or if on inquiry it were found, that in Navan, Kilkenny, Downpatrick, Carlow, &c., the high rate of mortality is the consequence of any particular faulty practice, or of want of attention, or both; should we not be made acquainted with these facts, that some steps may be taken to remedy such defects? But the truth is, it will be often found that the infirmaries and fever Hospitals, in which the proportion of deaths is high, are by far the best conducted, and *vice versa*, though of course the rule does not always hold good. But I am confident it will be generally found, that where the mortality is very low, the Hospital cannot be efficient, and that the cause why so few die in it is, that the cases are badly selected, and many light, chronic, and unfit ones sent into it. And on the other hand, when a considerable number die in an infirmary, provided it be commodious and well ventilated, and the food and comforts of the patients sufficiently attended to, it will be often ascertained, that this arises from such Hospital having admitted a far greater number of bad accidents and other dangerous cases; and hence the high rate of mortality, contrary to what at first view might be expected, is a strong presumptive proof of the excellence of such institutions, in place of being, what many may suppose, a sign that it is one of an inferior kind.

The same arguments apply to fever Hospitals; many of the best, as the Cork-street House of Recovery, in Dublin, the Cork, Waterford, Wexford, Belfast and others, be-

ing those in which the relative mortality is highest, but in which the medical officers are men of established character, and the institutions well conducted. I know of two fever Hospitals, for instance, in one of which I had often heard that the number of deaths was very small, and in the other very high, and I know that others as well as myself supposed this difference to be favourable to the former, and against the latter. But in visiting these institutions, and seeing some of the patients, I was disabused of this impression, for I found several light cases in the one, and very few such in the other; and on examining the registries, I perceived that the average number of days which patients remained in one Hospital, was more than twice that spent in the other, a fact which clearly proved, that in the latter they must have been cases of very slight disease, or they could not be discharged cured in so short a period. Now, I know that the medical attendant of the Hospital in question takes and gets great credit for the apparently greater efficiency of his than of other similar institutions, whereas a medical inspector could be able to point out circumstances, which would clearly shew the necessity of preventing the admission of such trifling cases.

But not alone in the relative mortality shall we find matter requiring our serious attention, but the same necessity for inquiry exists in respect to the non-medical part of the business of these institutions. In Cork, the total expense of each fever patient is but 11s. 1d., whilst in Dublin it is £1 8s., and in other places as high as from £3 to £4. Now if on closely ascertaining the economy of the Cork fever house, we find that the patients (who are probably longer in Hospital than in some smaller places) are well fed, and get a sufficiency of drink; and if on making a similar inquiry at other houses of recovery, where the expense of each patient is no less than from 400 to 600 per cent. greater, it surely would be most desirable, that the cause of such great difference should be known. If it arise from the price of such articles as are generally used by fever patients, being dearer in these places than in Cork, then we have at once a solution of the matter in doubt; but if it turn out that the difference in price, though of some consequence, is not at all so considerable as to necessarily create the great disparity in the returns, or if, as may perhaps often be the case, it be found that the price of medicines, bread, oatmeal, flummery, milk, meat, and potatoes, is lower in many of

these cities or towns in which the high returns are found, than it is in Cork, or others where they are greatly less, the conclusion naturally forces itself on us, either that there is an unnecessary quantity of provisions used in the latter Hospitals, or that some mismanagement, amounting to a mal-administration of the funds, must take place. In either case the cause or causes ought to be ascertained. The same disproportion is found in the total expense of each patient in county infirmaries, and the cause equally requires explanation. In one we find the average cost of each patient to be £5 6s. 10d., in another £4 19s. 5d., in a third £4 12s. 6d.; whilst in some others it only amounts to about the one-third of either sum. At first view it might be supposed, that *cæteris paribus*, the ratio of expense must depend on two causes, the number admitted in a given period, and the length of time during which, on an average of the whole, the patients remained in Hospital. But when examined by these tests, we find them quite insufficient to account for the great disproportion in the returns. For instance, the infirmaries of Mayo and King's county admit nearly an equal number, and discharge them in nearly the same time, yet in the former, the cost of each patient is £3 0s. 11d., and in the latter only £1 13s. 4d. No information yet obtained, and none that is likely to be obtained, unless by medical inspectors, can throw any light on these matters. And the same obscurity exists in regard to the items of which the total expenditure is composed. Taking that of provisions, we see that in two northern counties, Londonderry and Fermanagh, the expense for each patient in the former, during forty-six days, is £3 0s. 7d., and in the latter only £1 1s. 5d., though the period is extended to fifty-four days. The reverse should be expected, for as the total expenditure ought to be comparatively less, where the greater number is admitted, the Londonderry Hospital ought, *a priori*, to be the cheaper. In Wexford, Sligo, and Kildare, the number of beds and of admissions are nearly the same; in Wexford the average of days in Hospital was forty-seven, and the cost of each intern for provisions, £1 16s. 6d.; in Sligo, forty-four days was the average time, and £1 1s. 2½d. the cost of provisions; in Kildare, the number of days is thirty-three, and the expense for provisions 16s. 6d. Now one can scarcely understand, why such a great difference in the article of food should exist between Wexford and the towns of Sligo and Kildare, as there is not in Ireland a more

plentiful or a cheaper market than Wexford. What if, on inquiry, it were found, that the prices of almost every article of food used in Hospitals are, at least, ten per cent. less there than in Sligo or Kildare? But passing from provisions to the medicine columns we find the same disproportion, and are equally in the dark as to the cause. All the medicines used in the Irish infirmaries are generally purchased from Dublin druggists, and the difference in the price of each article must be so very small, that we should expect the rate of expense to depend principally on the number of intern and extern patients. But this is not the case. Take Wexford and Wicklow for instance; in the former, the average annual cost of each patient for medicines and surgical instruments was £1 0s. 6d., in the latter, 17s. 4d.; whilst in the infirmaries of other counties, five or six shillings was the average expense. But great as this difference appears, it is actually much greater as regards these two Hospitals, as will be evident on comparing the number of interns and externs prescribed for at these and at the different other infirmaries. At several, where the low rate is incurred, the externs are very numerous, as at Roscommon, Clare, Tyrone and Westmeath, and as the medicines for that class of patients are charged and calculated for only according to the number of interns, it would be expected that the proportion in these Hospitals must be much higher than in those where the externs are so few, as in Wexford and Wicklow; and this would be the case were the economy of each infirmary nearly alike. The difference in the expense of medicines may arise from a greater quantity being used in one Hospital than in others; or from articles of a superior quality, and, of course, of a more expensive kind, being procured; whereas, the governors or surgeons of other Hospitals may be contented with common and cheap medicines, and prescribe even these sparingly.* But whether the dif-

* It would be quite unfair to insinuate that the medical officers of any infirmaries prescribe *oversparingly*, on any account whatever, or that they order medicines of an inferior quality and of a cheaper kind, with the view of saving the funds of the institution, in order that their own salaries may not be curtailed; and I by no means draw any such inference. That such things occur in not a few Dispensaries, I have good reason to believe. But it does appear surprising, that in Kilkenny and Tyrone, for instance, the charge for medicines should be so very low. During two years the cost of medicines in the former was £86, in the latter £64 6s. The admissions into the for-

ference arise from these or other causes, it is now impossible to say, and it ever will be so, until inspectors who fully understand the whole subject examine these institutions.

With regard to the efficiency of Hospitals, it is of great importance to ascertain how it happens, that in several the average number of days during which patients remain, is only from thirty to forty, whilst in others they continue so much longer. This commonly arises from one of these causes; either light cases are unnecessarily admitted into the former Hospitals in a much greater proportion than into the latter, and are, of course, the sooner discharged; or chronic and unfit patients are taken into the latter, and are kept too long; or the medical attendants of the first Hospitals, or the economy of these institutions, are superior to those of the others. But in nothing is the disparity so apparent, or the efficiency of particular Hospitals more manifest, than in the number admitted in proportion to each bed. In one we find that only $2\frac{1}{3}$ are admitted yearly, in others five, six, ten, twelve, and even $14\frac{7}{11}$. The system must therefore be very different indeed, when so great a disproportion exists.

This part of the subject opens a wide field for inquiry and observation, but I have only time to turn the public attention to it, that it may receive that consideration which it so plainly merits.

It may not be thought quite foreign to this part of the subject, to invite attention to the contrast between the English and Irish infirmaries, in several respects. In the twenty-seven given in the Rev. Mr. Oxenden's Tables (see the condensed Table No. VII.) the total expenditure in twenty-five counties in one year, was £82,945, about £4 for each intern patient. In the Irish, the total expense for all Ireland, Dublin excepted, was £26,516, or £2 13s. 4d. per patient.

mer Hospital in the same period were 843, and the externs 2114. If every ten externs be supposed to use as much medicine as one intern, then the rate of expense for that item would be 1s. 7½d. for each. At Omagh, the interns were 443, and the externs about 16882, which I shall suppose to be so many prescriptions made up, and that the number of individuals prescribed for was 4220. These would be equal to 420 interns, in all 863, which would give an average cost for medicines of 1s. 6d. for each. In the former Hospital, the patients remained thirty-three days, in the latter 71½. Is not some solution of this extraordinary circumstance required? How can patients, requiring Hospital accommodation for so long a time, want so little medicine?

In the English infirmaries, the average expense for medicines, including leeches for each patient, was £1 10s. 4d., in Ireland only 7s. 7d. In England the total expense for beer, meat, and bread *only*, was £22,535, or £1 1s. 9d. per head; in Ireland, the total cost of provisions, including *many other articles* besides those three, was £8,877, or about 18s. for each. In England, the number of individual subscribers is 14,631, and of parish or corporate subscriptions 1,649, in all 16,280; in Ireland the number of infirmary governors is probably not above 1000. Now, would it not be matter worth investigation, whether the patients in the English Hospitals may not be over-fed, or those in the Irish supplied with only a scanty allowance? And whether in the former country, (where medicines are considerably cheaper than in Ireland,) the patients may not be overdosed, or an unnecessary quantity of medicines ordered; or that in Ireland, there is too great economy on this head of expenditure? These and other considerations, arising from an examination of such documents as I have been able to meet with, respecting the infirmaries and other medical charities of both countries, appear particularly interesting at the present period, when the legislature seems disposed to make some, perhaps considerable, alterations in the medical profession itself, as well as in regard to these institutions. And if one unconnected with England, but not indifferent to the advancement of medical science, or unmindful of the vast exertions made by the public and the medical profession in that country, for the relief of the sick poor, may take the liberty of offering an opinion, it would be, that he thinks both these objects would be greatly furthered by the adoption of some plan, which would throw light on the state of the medical charities of England, and point out the particular excellencies or defects of each.*

* I need only point out, that the greatest average number of days that patients remain in any of the English Hospitals is sixty, ranging down in the others to twenty-eight; the greatest proportion of cures per 100 is eighty-seven, the smallest, twenty-three; the greatest mortality $9\frac{3}{4}$ per cent., the smallest $2\frac{7}{17}$. These disproportions shew, that there must be a considerable difference in the management of the different Hospitals, and that such explanation of the causes which produce these results as would enable the profession to learn, on what the comparative advantages or inefficiency of any particular institution depends, must be a *desideratum* of no ordinary importance. This subject is, I see, adverted to in Dr. Clarke's examination before the Medical Education Committee of the House of Commons.

Enough I believe has been stated, to prove the necessity of an inspection of infirmaries and fever Hospitals. But much more cogent reasons could be given, to shew the utility of making regular inspections of the Dispensaries and Lunatic Asylums of *this country*. In England, where, with the exception of the workhouses, all the medical charities are established and supported by individual and parish donations and subscriptions, such inspectors as I am about to suggest, or the authority with which they should be vested, would be quite inadmissible, and an interference with those through whose benevolence these charities are maintained. But in this country, where the broad principle has been long laid down, that a public assessment for the erection and support of almost all our medical institutions is necessary, the case is widely different. When public funds are raised on a large scale, the local governors to whom (on the half optional, half compulsory system now in use, or on the exclusively compulsory one here advocated) they may be intrusted, have no right to complain, as they might in England, if the legislature or the government appoint competent individuals to inspect such charities, for the purpose of ascertaining if the funds be honestly and judiciously expended.

The necessity for such inspection has not escaped the penetration of the Right Hon. T. S. Rice, the present Chancellor of the Exchequer, whose practical knowledge of the defects as well as the advantages of the present system of medical charities, probably surpasses that of any member of the legislature. It appears from the Report of the Committee on the State of the Irish Poor, published in 1830, of which he was chairman, that considerable difficulties were felt as to the mode in which a sufficient controlling power could be established over these institutions, Dispensaries especially, so that it might be safe to provide for making it imperative on grand juries to grant presentments, in proportion to the subscriptions. For this purpose, it is suggested that annual reports be made by the medical officers and governors, by which the grand juries may be enabled to satisfy themselves if the funds have been faithfully disbursed, giving the latter a power, where such returns shew any abuses, to withhold such portion of the presentments as they think fit. And at the conclusion the committee observe, "in some respects the house will perceive that your committee are disposed to encourage the extension of these es-

tablishments, but in doing so, they consider *a better system of organization is required*. When considerable sums are expended on erecting new Hospitals, and more particularly when those funds are advanced by loan from the public, it appears desirable that the sites, plans, and estimates, should be made the subject of previous inquiry and examination, as is the case in regard to prisons and houses of correction; when it is also considered that the funds for the support of these charities are provided for by the grand juries, irresponsible bodies acting only for a few days in the year, and then overburthened with business, your committee entirely concur in the recommendation, that boards of superintendence should be appointed as under the prison acts, to inspect, to audit, and certify the accounts, and to report on the state of all these charities. This amendment of the law can scarcely fail to be a considerable check against any possible abuse, and must cause an improved activity in the charities. It is not meant by this suggestion to recommend, that the internal government of these charities should be taken out of the hands of the subscribers, but the principal funds being supplied out of the county assessments, *it is but just that means should be taken to insure a due appropriation of the money so levied. The reports of such boards of superintendence might be prepared uniformly, so as to permit useful generalization, leading to results of great interest and importance with respect to the condition and the statistics of Ireland.*"

In accordance with this recommendation, an act was passed in 1832, for the better superintendence of charitable institutions, of which an account has been given in page 30. I have reason to believe, that the Right Hon. Chairman introduced it to satisfy himself and the public, as to the possibility of instituting a sufficient inspection and control over presented charities; intending, in the event of a failure, which from his knowledge of the subject he probably anticipated, to follow it up by the appointment of medical inspectors. The act has been put into operation only in two counties, and I have had a personal opportunity of observing, that in one of these the gentlemen appointed as superintendants or visitors, so widely departed from its letter and spirit, that much confusion arose from their having endeavoured to coerce the medical officers to keep their accounts, and to manage their institutions in a way which would degrade them into mere clerks, and compel them to devote a

great portion of their time to the making out of minute and useless returns; * time which too often is required either for attendance on the sick poor, or for their own relaxation after laborious and almost incessant duties. If the functions of such board, somewhat modified from its present state, were limited to the examination of accounts, visiting the institutions at irregular periods, and reporting the state of the charities to the grand juries, which clearly was the intention of Mr. Rice who introduced that bill, much good must be expected from it. But when non-professional gentlemen interfere in the medical arrangements of Hospitals or Dispensaries, with which, perhaps, they are as subscribers quite unconnected, many difficulties may arise, and some have already arisen. But whether subscribers, or otherwise, it is to be feared that feelings hostile to particular institutions, and more favourable to others, may influence, perhaps unconsciously, but not the less certainly, such superintendents, and induce them to *report unfavourably of Fever Hospitals or Dispensaries, which perhaps they looked on, from the locality in which they were established, as interfering more or less with others which they themselves either had originated, or wished to originate.* It may even happen, and I have no doubt but at present it will often happen, that a member of such board would be considerably influenced by hostility or partiality to the medical attendant of an institution, according to the party feelings of the former, and the information he might be insidiously given respecting the political opinions of the latter, or of the governors by whom he was chiefly appointed and supported. In fact, as inspectors competent to judge of the due performance of professional duties, or to collect and arrange any valuable body of medical statistics, such superintendents must be quite incompetent, for these are matters that can only be properly done by professional men whose entire time is devoted to the subject, and who can have no local feelings or interests to influence them.

The necessity for inspectors of medical charities could

* The board of superintendence of the County of Cork insisted that each Dispensary attendant should enter in a column opposite to his prescription for every patient the price of the medicines contained in such prescription; which, if accurately done, and it would be useless if it were not, must take more time to calculate than one can at first suppose, as most patients get compound medicines.

be further shewn from a variety of other circumstances, a few only of which can be here adverted to.

The number of these institutions and the scale of expenditure, the greater part arising from public funds, render them objects of much importance even in a financial sense, as must at once be admitted on a slight consideration. Twelve Dublin Hospitals for which parliamentary or county grants are obtained, and whose annual expenditure is £34,700; thirty-six or thirty-seven county and city infirmaries similarly circumstanced in respect to income, expenditure £26,500 a year; between sixty and seventy Fever Hospitals, two-thirds of the funds for their support, arising from county presentment, and costing £14,000 a year; about 500 Dispensaries, whose expenditure is £60,000 annually, the one-half of which is raised in a similar way; ten district Lunatic Asylums entirely supported by county presentments, costing about £25,700 a year; and such Houses of Industry, or other institutions as contain either medical or insane patients, both convertible terms in a professional sense, form no inconsiderable materials for inspection and control, as their total annual expenditure cannot be under £170,000. Here is a sum considerably larger than that expended on all the prisons and bridewells in Ireland, which in 1832 only cost about £69,000, and in 1834 only £65,000. Yet the legislature and the government consider it necessary to have these institutions under a double system of inspection; that is, each county or city gaol has a local inspector, with salaries varying from £184 12s. 2d. the highest, to £25, the lowest; the whole amounting to £2854 annually, and there are beside two inspectors general, whose joint salaries amount to about £1700 a year, independent of office expenses. Of course, these different officers would not be continued were they not deemed necessary, which they undoubtedly are, though in each county there is a board of superintendence for the gaol, with greater powers than are possessed by the governors of medical institutions. So that, for the inspection of gaols and bridewells, and in order to improve their management and discipline, £4554 is not considered too much. On the same principle, and with the same views, the constabulary police, which cost this country an average of about £128,000 a year, (the moiety charged on the different counties,) have four inspectors general, one for each province, whose joint salaries amount to £4362 annually. Now, one can scarcely conceive any good reason

for these appointments, that will not equally, at least, apply to medical institutions, which are so numerous, of such annual expense, and of so much importance to all classes of the community. If abuses or defects in gaols, or in the constabulary, require to be corrected and checked by disinterested and responsible government officers, are there no defects or abuses in the medical institutions, which the local governors not only cannot or will not correct, but which they themselves actually cause? And if the practical knowledge acquired by men whose minds are detached from every other pursuit, and whose duty it is to make themselves acquainted with every change that from year to year takes place in prison or constabulary discipline, be deemed essentially necessary in the management of gaols and police, so that from much experience and inquiries, they may be better able to introduce uniformity of system, and such other improvements as are considered desirable, is it not equally necessary, that there should be a few such persons to collect and arrange the materials for the better management of Hospitals, Dispensaries, &c., and for rendering them more available for the purposes of medical science?

That such is the opinion of the legislature is evident from the acts passed for the inspection of the county infirmaries, and of the district Lunatic Asylums of this country, and from the effort made by the present Chancellor of the Exchequer, as before stated, to effect the same objects by means of boards of superintendence. To these may be added, an act of the present reign, authorizing the English Lord Chancellor to appoint three inspectors of such lunatics, as have been found insane by inquisition. But it is unnecessary to multiply arguments in favour of a measure which common sense, and the experience of all who have attended to the subject, clearly point out as absolutely necessary to render these institutions what they ought to be—economical, but efficient.

When the different classes of institutions that require inspection are considered, it would be most irrational to suppose that the legislature could deem any except medical men competent to discharge such duties. That none others are thought likely to do so, may be inferred from the 46 Geo. 3 having so long remained a nullity. In a late parliamentary return, in which the various duties of the inspectors general of prisons are specified, it is stated that they

have never been called on to examine the county infirmaries. Why? Simply it must be, because the government felt that these gentlemen, both of whom were military officers, must be unable to understand the economy of such institutions, might be readily imposed on by the medical and other officers, were these so inclined, and that any report made by them must be imperfect and unsatisfactory. But had this clause of the above act, in place of giving the power of reporting on infirmaries to the inspectors general, specified that such duties should be performed by government medical officers, is it likely that hitherto there would have been no steps taken to inspect on these charities?

Another fact will confirm the opinion, that none but medical men can adequately inspect and report on medical institutions; or, at least, that none others are likely to do so. It is a part of the duty of the Irish inspectors general to visit the district and other Lunatic Asylums, and accordingly in their annual Reports, they have given a short account of each. Several of these Reports now lie before me, and I observe that whilst these gentlemen give an excellent account of the different gaols, and make many valuable remarks on their improvement and discipline, as regards the Lunatic Asylums, they content themselves by giving a few returns, and by making such general observations as imply that these institutions were clean, orderly, and in most respects highly satisfactory, with the exception of the too great increase of incurables, who impede the advantages to be derived from the admission of curable cases. I find that so far from the returns from each Asylum, as given under the several Reports, being uniform, so that the legislature could compare each in point of expense, efficiency, &c., no two returns are alike. For instance, the last Report (for 1834) gives an account of the number admitted into the Richmond Lunatic Asylum, of that discharged, recovered, relieved, unrelieved, (taken by friends,) transferred to House of Industry, and died; distinguishing males from females; the distribution by counties and cities; and the state of the cases remaining, viz. whether convalescent, considered curable or incurable, and the number employed on the day of inspection. In that for Armagh, we are only informed, that "on the day of inspection there were 164 in the Asylum; eighty-two had been admitted within the year, and sixty-two discharged, cured and convalescent." Of the Armagh institution, it is only stated that a certain number was em-

ployed, seventy-six admitted within the year, and fifty-three recovered or relieved. Of that at Londonderry, we have it that seventy-four were admitted, fifty-five recovered and discharged, and nineteen died, and that ninety-three were employed. The proportion belonging to each county is also given. The Reports on the other institutions are equally without any attention to uniformity, so that it is quite evident that neither the inspectors general, nor those who supplied them with the returns, had any other idea than merely to shew, that the institutions were well managed, and the officers and servants faithfully discharging their respective duties. In fact, so defective and dissimilar are these Reports, taken in a medical or statistical sense, that it would be impossible to frame any Table from them which could shew those circumstances that are most essentially necessary to be known—the general Table in page 11 only giving the number in the house, that admitted in the year, and that cured, but omitting, what appears very desirable to be known in any medical institution, the number that died. The cause of such defect in these Reports, can only arise from the incompetency of any except medical men to understand this subject in its more comprehensive sense, for we see that in their account of the various prisons, the inspectors general are quite satisfactory, because they can comprehend the matter under consideration, and, in fact, are most intelligent and valuable public officers.

These two facts prove indisputably, that non-professional men are inadequate to discharge the duties of inspectors of Infirmaries and Lunatic Asylums. And it will scarcely be supposed, that the business of Fever Hospitals and Dispensaries is less difficult to be understood than that of the former charities.*

* In a very valuable though small work lately published by Major Palmer, one of the Inspectors General of Prisons, on gaols, bridewells, &c., he gives a short chapter on Lunatic Asylums, containing some observations well deserving the attention of the public. Major Palmer very justly condemns the practice of keeping the insane in gaols, a practice which my own experience as surgeon to one of the largest and most crowded prisons in Ireland, convinces me is the worst that could possibly be adopted. He also suggests the propriety of appointing inspectors of all Lunatic Asylums, and intimates that such officers are likely to be created in England. But, as might be expected from a non-medical man, there is not, throughout, the slightest allusion to the necessity or utility of making such inquiries, and collecting such returns, as, when regularly published, would enable the legislature and the profession to see at a glance how each district Asylum

But though I am of opinion that none but medical men are competent to inspect these institutions, and to report on them in such a manner as would be most conducive to them and to the public, it does not follow that all medical men are qualified for these situations. If such appointments be made, it is to be hoped the persons nominated to fill them will be those only who have had sufficient opportunities of becoming practically acquainted with the medical charities of this country, and that none of illiberal or prejudiced opinions, I mean professionally, not politically, will be allowed to mar the advantages derivable from them. It unfortunately sometimes happens, that through parliamentary or government influence, persons the least qualified to fill important situations in medical charities obtain them, and such must perhaps ever be the case, until some public board or other responsible body be constituted to superintend them. But on an occasion of this kind, affecting the lives and health of great numbers, it might be expected that none but persons both physically and professionally capable would be employed.

The number of inspectors would, of course, depend on the number of institutions to be visited. At present the latter are about 620, and were the plan of general Hospitals and Dispensaries here proposed adopted, there would be altogether about 930 in all Ireland. To visit each of these once a year, and to give the inspectors sufficient leisure to collect information, arrange their materials, and publish such portions as might be necessary, two or three active men would be kept fully employed. And in case the institutions increase much in those counties where they are most deficient, a fourth inspector would be necessary.

Each inspector should be obliged to devote his whole time to the duties of his situation, and his engaging either in private or public practice, would, of course, cause him to forfeit it. The necessity for this is quite manifest, for the more institutions a man visits, the greater will be his knowledge of the subject, and the better will he be able to draw correct conclusions, and to suggest improvements, *provided*

worked, and the comparative efficiency and expense of each; nor has he suggested the advantage of a medical statistic, to show the comparative frequency of insanity in each province or county, a matter of great importance in several respects.

he only inspect as many as he has time fully and carefully to examine. And it is certain that two, three, or even four, who devote their full time to the subject, will not only execute their duties much better, but at less expense than if there were an inspector for each county, as I have heard suggested. And lastly, the few being entirely detached from practice, and under the control of government, they will be liable to none of those temptations which county officers might be suspected of, and, therefore, can have no motives for inefficiently inspecting, or reporting inaccurately on any particular institution, from friendship or interested motives. If county or local inspectors were employed, they must be in private practice, as the salaries given could be only moderate; observe the consequences. Inspector A. resides in Waterford, suppose, and has to visit all the Hospitals and Dispensaries within a certain distance. Doctors B. C. D. E. and F. who attend these charities, are either his enemies or his friends. If the former be the case, and that much bad feeling exists between medical men in all parts of the country is notorious, is there not reason to apprehend that the inspector will be influenced, perhaps without his feeling it, to report unfavourably of the institution of a real or supposed enemy? And even though he only report according to the actual state of the case, may it not often happen, that the public will consider his account of it, as the effect of prejudices or personal dislike? Again, the inspector is known to be the intimate friend of G. H. or I., and to be often called by them in consultation on their private patients, in which case interest is superadded to personal esteem. Under such circumstances, how difficult it must be to examine and report on the institutions held by such medical friends, with that degree of impartiality which alone can give satisfaction to the public, will be evident to all who consider how far private friendships influence even the most uncompromising. What good moral effect then can the reports of such local inspectors produce?*

Were inspectors of medical charities appointed, no

* When Dispensaries were first established, the grand jury of the County of Kilkenny appointed the late Dr. E. Ryan to inspect these charities, an appointment which at first gave much satisfaction. But after some time it was observed that the medical officers of Dispensaries almost invariably selected Dr. R. to consult with them on their private patients. The circumstance was soon observed, and such a feeling created that the situation was

matter what their opportunities previously may have been, it should be imperative on them to devote a few months to an examination of the best Hospitals, Lunatic Asylums, and Dispensaries of Great Britain, France, and the Netherlands, by which they would be much better prepared to enter on their home duties with advantage to the public, and with greater facility and satisfaction to themselves.

After having first made a full inspection of all the medical charities in the country, and having had an opportunity of seeing their advantages, defects, and abuses, they should then frame a set of regulations for *each class* of these institutions, in order that the governors and medical attendants might be enabled to perceive in what respect improvements could be made and errors avoided. The adoption of these regulations need not be imperative on the local authorities, but still it would be of great use that they should be in possession of them, as no doubt, many institutions are defective in consequence of the imperfect knowledge of the medical officers and governors, as to the way in which improvements can be best effected.

Along with these regulations, a form of making out returns should be also supplied, according to which the governors of each Infirmary, Fever Hospital, Dispensary, and Lunatic Asylum, should be compelled to supply the inspectors with an account of the income, expenditure, and all such other circumstances respecting their institutions, as it might be necessary to obtain. By this means, there would be such system and uniformity in the returns, that no great difficulty could exist in preparing an abstract of the whole for publication. The objects to be kept in view in making the inspection, must, of course, vary according to the kind of institution to be examined. The following would particularly require to be attended to:

1st. To ascertain, if there be any thing so faulty in the construction of Hospitals as to require alteration, from the ventilation being imperfect, or wards, doors, and windows, so constructed that the first may be too small, and the latter productive of pulmonic affections, as in badly arranged Hospitals is not infrequently the case.

2dly. If any considerable number of the intern patients,

abolished. Yet Dr. Ryan stood so high in the estimation of the public, as a physician and a gentleman of the strictest integrity, that few, if any, believed him capable of neglecting his public duty.

appear so slightly affected, as to give good reason to suppose they could be fairly treated as *home* cases, or of so chronic or intractable a nature, as to render them fitter subjects for a House of Industry, or incurable institution. Either can be known from an examination of those in Hospital, and the length of time that individual patients remain in it.

3rd. To inquire if any particular department be unnecessarily expensive, which, for obvious reasons may be the case, though sufficient economy or even parsimony be used in regard to other items.

4th. To examine if the food, drink, medicines, and bedding be of proper quality and quantity, neither unnecessarily profuse nor less than is required, in proportion to the number of patients; and also if there be a sufficient number of good, intelligent nurses, and other assistants.

5th. To ascertain if the attendance of the medical officers and local governors, or committees, be so regular, and of such continuance, as to enable them to discharge their respective duties effectively.

6th. The inspectors having examined the institutions of each county, should point out to the medical officers and governors any defects or abuses they consider capable of being corrected by either or both, and suggest such remedial measures as they deem necessary to effect these improvements; leaving it to the local authorities to do so, but *having themselves no power to enforce any alterations beyond that of examining, suggesting, and reporting.*

7th. They should make a special Report to the grand jury of each county once a year, on every presented medical charity, in which Report the excellencies, defects, or abuses of each should be stated; and such suggestions given as may be deemed sufficient to effect any desired improvements.

8th. A copy of this special Report should be furnished to parliament every year, with such additional information as the inspectors might be able to procure, so that by throwing the whole into a condensed form, the government and legislature would be always able, with very little labour and expense, to see the income, expenditure, efficiency, &c., of any or of all these institutions, and the extent of disease in any particular town, city, or province, or in the entire kingdom.

If famine be reported to prevail in any district, or epidemic diseases said to exist either consequent on it or otherwise, the inspectors would be fit persons to examine

into the extent of both, of the latter at least, and to suggest the measures necessary to be adopted to remedy them.

Inspections made in this spirit, accompanied by such Reports, would soon have the following good effects.

The local authorities, both medical and non-medical, would exert themselves to effect such improvements as their own judgment and the experience of the inspectors might suggest, rather than that their tardiness to do so, and the defects or inefficiency of their respective institutions, should be exposed to the public through the reports made to the grand jury and parliament; *and this would occur with the greater certainty, if the grand jury be given a power to suspend, or altogether refuse the presentments, on satisfying themselves of the correctness of the inspector's Reports, and on perceiving the indisposition of the medical officers or governors to effect such improvements*, as appear essentially necessary. Thus, the inspectors would have a great moral and corrective force, even though they should possess no direct power of causing the slightest alteration in any institution.

Next, when through ignorance, wilfulness, or other cause, any particular charity happen to be mismanaged, and the funds found to be abused, the government or grand jury would feel justified in withholding the usual grants, a circumstance which could not be expected to take place except on the representation of competent and responsible officers. And if from any particular cause, such funds were given whilst the abuses remain uncorrected, the published reports would soon effect the desired object, as many individuals would be found to oppose such presentments on the strength of these reports.

And lastly, independent of the benefits arising to the sick poor and to the public from such an improved system of medical institutions, we should have an annual statistic of every district in Ireland, by which it might at once be seen when and where fever,* cholera, or any other danger-

* Fever and Dysentery are known to be frequently *created* by want of food, or by unwholesome food, the concurring causes, of course, being in existence. Under such a system of inspection, and reporting by the medical officers of each charity, neither famine nor any epidemic disease could exist a month without government having the power of readily ascertaining, not only where either or both prevailed, but in what extent of district or population. I have often known both continue for many weeks, before any steps were taken to remedy them, and before even those in the neighbourhood had any accurate notion of their extent or intensity.

ous epidemic prevailed, and a comparison could be made of the relative salubrity of every county, city, or town in the kingdom.

The returns to form such statistics, could not, of course, be obtained by the inspectors whilst merely visiting the Hospitals, &c.; but partly on these occasions, and chiefly by means of monthly or quarterly reports, which it would be the duty of the medical officers of each charity to furnish to the inspector's office in Dublin. These, when made up according to prescribed forms, and on a uniform system, would enable the inspectors to publish very valuable information. We should, for instance, then soon know whether in Cove or Mallow, the mortality from pulmonic diseases is considerably less than in other places, and having such information from *data* that must be relied on, which cannot now be the case, numbers of invalids (whose finances or strength will not allow them to make a journey to Madeira, the South of France, Lisbon, or even to those parts of the South of England, which from Dr. J. Johnson's, Dr. Clarke's, and other late works, it would appear, are equally if not more fitting for persons with diseased lungs than any of the former) would go to these or other similar places with a degree of confidence that must be highly useful to many of them. And, on the other hand, persons affected with, or predisposed to, any disease known to be more prevalent in a particular locality, will, by means of such Reports, be enabled to see the danger of residing there.

It is scarcely necessary to observe, that such inspectors are equally necessary, whether the present defective system of medical charities continue, or a more general and improved one be adopted; and that they would be found of great use in pointing out such places or districts, as might stand in need of additional Hospitals and Dispensaries, in place of leaving the selection of the sites to persons whose interest or feelings might often bias their judgment.

I will conclude this part of the subject, by giving an abstract of "the Report of the Charitable Institutions of the County of Cork, requiring presentments at Spring Assizes, 1835," and by a few observations on it.

The Report includes thirty Dispensaries, eight Fever Hospitals, the county (Mallow) Infirmary, and the House of Industry and Lunatic Asylum. For the Dispensaries and Fever Hospitals, the total of presentments granted at the special sessions, was £2415, viz. for twenty-nine Dispensa-

ries, (that for one being disallowed) £1662, or at the rate of £57 for each, and for the Fever Hospitals £754, giving £94 to each. The greatest extent of any Dispensary or Fever Hospital district is twelve miles by twelve, and fourteen miles by ten; the smallest five by four, and four by four; several are twelve by ten, and ten by ten, and others from five by five, to seven by five. The highest population of a Dispensary district is 30,000; several are 20,000. The lowest is 3150, others 5000. The *mean* of all is 13,112. The diseases are classed as in the following abstract, the total only being here given, and that for each institution omitted.

	Typhus and other Fevers.	Cerebral Diseases.	Pectoral Diseases.	Small Pox.	Cutaneous Diseases.	Surgical Cases.	Ophthalmia.	Midwifery.	Vaccinated.	Midwifery.	Total.
Total of all	4955	1939	805	825	7650	7189	2327	892	1776	11222	61554

Of the fever cases only 417 were received into Hospital, a fact which proves what a large proportion of such patients are treated out of it. On classing the institutions into two kinds, viz. those with districts containing a greater population than 10,000, and such as do not exceed that number, it appears that eleven Dispensary districts of the former class, with a population of 78,000 obtained funds to the amount of £2113 in the year, or at the rate of £27 for every 1000 of that population, whilst the Dispensaries and fever Hospitals of the latter class, nine in number, and with a population of 183,000, are limited to £1500, or about £8 per 1000. The census of the remaining districts is not given.

This Report is valuable for the information it contains, as well as for that which is omitted, and which such a document ought to afford. It shews that in many populous and extensive districts, there is only one medical attendant. Can one do justice to the sick poor of a population of 30,000, or

even of 20,000, scattered over an extent of country ten miles by ten? It proves that the Dispensary of a limited district, with only five to 10,000, is as well provided with funds as one of twice the extent, and three or four times the population. Is there any thing like justice or perfection in this, which may be more correctly called a chance system, than one laid down on any fixed principle? And it proves, either that the institutions of these smaller districts must either have got too much funds, which I am sure is not the case, or those of the larger class by far too little, which is the more probable.

Let us now examine the negative qualities of this Report.

It does not inform us, what the probable number may have been that got fever from the 4538 who were treated in their own residences, a very important circumstance to be alluded to in such a Report; neither does it state how many of the whole actually had typhus or bad fever.

There is no account of the deaths either in the fever Hospitals or amongst the Dispensary patients, a matter one would suppose of the last importance, in a document intended to compare the institutions of the whole county. And from there being no return of deaths, it is evident that none was asked for by the board of superintendence!!!

The classification of diseases clearly shows, that no professional person could have been consulted in framing the mode of obtaining the returns. It may look well enough on paper, to see them divided into typhus and other fevers, cerebral, pectoral, and abdominal diseases, surgical cases, &c.; and the effort is not discreditable to an Hospital sergeant, (to whom it is attributed.) But what information does this part of the Report give? What practical advantages does it afford? In the Fermoy district, for instance, population 9000, the number of pectoral diseases is 546, whilst in that of Middleton, they only amount to 204, though it contains 20,000. But what proportion of those in either place were cases of tubercular phthisis, or produced more by permanent than accidental or atmospheric causes, we are still at a loss to discover. In some districts, the surgical cases were in the proportion of one to $3\frac{1}{4}$ th of the whole of the patients under treatment, whilst in others they were only as one to eighty; but how many in either had serious accidents, or were so affected as to require Hospital accommodation, there is not the slightest mention!!! And with regard to the abdominal diseases, of what use is it

to be informed, that in one Dispensary district, population 20,000, there were 940 cases, and in another with the same only 300, or in one with 6000 only sixty-three? Were we informed how many were affected with cholera, dysentery, diarrhoea, &c., considerable advantage would be derived from the information, but none whatever from *lumped* Reports like these, which, though to a grand jury they may appear very learned, are, as a medical statistic, of no value whatever, partly in consequence of the ignorance of the subject on the part of the board and secretary, and partly because *the returns cannot be depended on*.

It has been already stated, that at several infirmaries and Dispensaries, the registries are defective, on account of the mode in which extern patients are entered; in some there being but a single entry for each individual recommended, whilst in others, he is entered as often as prescribed for. Now, I find this practice has long existed in the County of Cork, and in the Report in question, I observe the total of cases treated at one Dispensary to be above 8000, though the population is only 5000. I have taken care to ascertain which mode of registration has been adopted by the medical officer of this institution, and I find that he enters each prescription as a patient, and that the number recommended in a year, is not that given in this Report, but about 1800. Some members of the board of superintendence examined this gentleman's Dispensary books, yet we find they were not aware of this fact, and have not corrected the error. It is one, however, that not only requires to be corrected, in order that an accurate idea may be given of the number actually sick in a given district, but the practice is injurious in another way. After the members of the Cork board had inspected the Dispensary in question, and found, or thought they found rather, that above 8000 patients were prescribed for; the medicine account being very moderate, they went to a neighbouring one in which the registry was differently kept; and as the number of patients here appeared so small compared with the other, the medical attendant was told, that his drug account was much greater than that of his neighbour (at the other Dispensary,) whose patients they observed were much more numerous; so that for want of the necessary information, a most talented and deserving public officer was harshly treated, whilst his institution is actually one of the best managed in the entire county.

These circumstances prove the total inadequacy of any

but medical men to do justice to these institutions in the way of inspection and reporting. And they also shew, what has not been hitherto sufficiently impressed on the public by the profession itself, viz. how disinclined the former are to employ the latter in the discharge of any public duties, which they think any others can execute. Of this the Cork board is a remarkable instance. The grand jury of that county are well known to be amongst the most intelligent in Ireland, and it is admitted that they discharge their duties with more scrupulous attention than most others. Now, had they selected a medical man for their secretary, their Report might be really valuable, and all the advantages and information which Mr. Rice expected from such board would be obtained. But perhaps no professional person of sufficient *information and integrity*, capable of faithfully and effectively discharging the duties of secretary, could be found. It would, at least, appear that the board thought so; if they did, they were greatly mistaken; for I believe there are not in Ireland, nor probably in the British Empire, a greater proportion of talented and industrious medical men than in the city and County of Cork,* nor men who discharge their public duties with greater attention. Now would it not be more rational that a physician or surgeon should be employed as secretary, than an Hospital sergeant or a hotel keeper? The objections before made to local medical inspectors could not here apply, as he would have no inspection to make, that being the business of the board itself. His duty would be to suggest how the information sought for could be best obtained, and how the returns should be made. That any other but a medical practitioner was employed, affords an additional proof of the necessity of having a few medical men in parliament, not as politicians, but as professional men, as the law lords are in the upper house; to watch over the interests of the profession they belong to, and particularly to suggest such matters as the other members of the lower house cannot be acquainted with, when subjects connected with medical charities or great and ex-

* I happened to attend a meeting of the medical profession in Cork, in 1833; it was numerous attended, especially by those holding Hospitals and Dispensaries, and I was gratified beyond measure with the intelligence, public spirit, and good feeling which I witnessed. I have since had other opportunities of forming a judgment of them, which more fully confirm the impression there made.

tensive epidemics, occupy the attention of the legislature. For want of a few such in the House of Commons, not only the medical profession is injured, but the public, as in the present instance, suffer greatly. We find that on every occasion, the interests of other professions are carefully attended to in parliament, because they have several of their own class there to watch and to feel for them.*

As this part of the subject is one of much importance, even at the expense of being supposed to give unnecessary instances of the improbability of our medical charities being ever effectually or scientifically inspected except by members of the profession, I shall request the reader's attention to the return of lunatics, &c. in pages 232 and 233. It will be there seen, that the number in the Armagh Asylum was 109, and that of these, forty-five belonged to the County Armagh, forty to the County Monaghan, sixteen to Cavan, and eight to Fermanagh. That is, the two first named counties sent patients in the proportion of one to 4500 and 4442 of their respective populations, the two latter only sending one for 14,250 and 16,617. Now, on referring to the parliamentary return of 1832, we find that the proportion which each county is entitled to send into that Asylum, is as follows: Armagh thirty-four, Monaghan, thirty, Fermanagh, twenty-three, Cavan thirty-five; and on examining that and other documents, I find that the total number in the Asylum, on each first of January since it was opened, belonged to these counties in the following proportions: Armagh, 373, Monaghan, 283, Fermanagh, forty-six, Cavan, ninety-nine.

These returns show the proportion of lunatics from the two latter counties to be so very small, compared with the two former—a circumstance which has regularly occurred every year—that the medical inquirer must be at once struck with it, as an extraordinary feature in the statistics of this institution; and he naturally wishes to ascertain the cause of it. On examining official returns, we find that, taking the average of ten years, the number each year in the Armagh Asylum, compared with the population of each county, was as follows: Armagh one in 5,990, Monaghan one in 7,000,

* Were a wholesome reform of all the medical colleges once effected, and a uniform system of medical education and of examinations adopted, then, but not till then, would it appear to be practicable to have a member to represent each of these colleges, as is now the case with universities.

Fermanagh one in 32,550, and Cavan one in 23,020. Here is an enormous disproportion, which must arise from one of these causes; either insanity is not so prevalent in the counties of Fermanagh and Cavan, and consequently there are not pauper lunatics to be sent from them to the Asylum, or it occurs in the same proportion, but from some cause the patients are not sent to the institution. If the former be the case, it is a very extraordinary statistical fact, which ought to be known, that the probable cause or causes may be inquired into and published; if the latter, it is equally necessary that it be proved, in order that the objects for whom the charity is intended, shall receive the full benefits of it. These four counties lie contiguous to each other, and their respective populations are so nearly alike in respect to religion, habits, employment, &c., that one could scarcely suppose that Armagh and Monaghan should produce insanity in a much greater degree than Fermanagh and Cavan. Now, if it should turn out, as most probably it would on accurate inquiry, that in Fermanagh and Cavan there are many pauper lunatics who are not sent to the Armagh Asylum, but are either allowed to go at large, to the annoyance of the public, or are a sore burden on their friends, it would be important to ascertain, how it happens that the relatives of such insane, or the magistrates and others with whom it rests to transmit them, neglect that duty. And if in the course of such inquiry it were found, that the fault lies with the public authorities, then does this arise from mere supineness, or from a desire to save their respective counties the expense that must be incurred for each lunatic sent by them to the Asylum. The necessity for these and other investigations, arising out of so curious a disproportion between the insane of these and other counties, would at once suggest itself to the mind of a medical inspector, because he would feel it his duty to go beyond mere returns and approval of the institutions, and to explain any remarkable circumstance that might require observation. But no such inquiry or explanation can be expected from non-professional men, as the history of these institutions under the inspectors general of prisons clearly show; or, even though such were attempted, these gentlemen, like all whose studies were not medical, could not pursue the inquiry with any advantage or satisfaction.

These instances, I think, clearly prove that medical inspectors are necessary to report on Lunatic Asylums, whe-

ther the inspectors general continue their duties in regard to their institutions or otherwise.

But I may be asked, may not all this information, general and statistical, be had by means of circulars addressed by some competent board to the medical officers and governors of Hospitals, Dispensaries, &c., by which the proposed expense of employing medical inspectors would be saved? To which I reply, that nothing short of actual and careful inspections at regular and *irregular* periods by government officers, is likely to be satisfactory, or to effect the objects that ought to be aimed at. This opinion is confirmed by a variety of circumstances, two only of which I will here advert to.

The plan of obtaining information by circulars was adopted, as has been already seen, by the Board of Health, in regard to county Infirmaries; and though the inquiry was made under the most favourable circumstances, it must be evident to any one that reads the two published Reports, that though much valuable information has been procured in that way, they are so defective in many material points, as to lead to the conclusion that by such means the desired information is not likely to be elicited. Some of the most prominent questions are left unanswered; many of the returns are not given; and on a matter of vital importance, the reporter has been led astray, supposing that the mere prescribing for externs is synonymous with dispensary practice. But were the able and talented secretary on the spot, he would soon probe every part, and though some questions might not be answered to his satisfaction, the replies to others, and the evidence of his senses, would enable him to correct any errors or forgetfulness; and he would also obtain that practical knowledge, for want of which it is plain that he was unable to put several queries that must have elicited valuable information. The Board would not then be obliged to observe, that "in consequence of their queries being either misunderstood or passed over by some of the respondents, the replies are very defective."

Another instance in support of this opinion may be given, from the mode in which the Commissioners of the Irish Poor Inquiry conducted the medical part of their duties. At first they addressed a circular to the medical officers and governors of all the medical institutions; but in a short time, finding that the required information was not likely to

be obtained by this means,* they appointed four medical inspectors. The Reports of these officers have not yet been published, but when they are, I have no doubt, it will be found that the plan of inspection has been attended with advantages, as regards the eliciting of information, which circulars could never effect.†

This terminates all that at present I think it necessary to offer, regarding the defects, &c., of the medical institutions of this country, the means of rendering those now in operation more effective, and establishing and supporting a national system of such charities on a scale sufficiently com-

* In an interview with Mr. More O'Ferrall, one of the Commissioners of Irish Poor Inquiry, the latter requested of the writer of these pages to give his opinion candidly, whether sufficient information was likely to be obtained respecting the medical charities, by the answers to the circular that had been lately issued by the board. At first he declined, but on being pressed, said, that as each class of our medical institutions is intended for *very different purposes*, it was plain that the queries necessary to obtain accurate information respecting the state of a Dispensary, for instance, could not be those which were best adapted for an Infirmary, Fever Hospital, or Lunatic Asylum, and therefore, that it was evident, that in place of issuing *the same circular for all*, there should be *a different one for each class*, shaping the queries according to the objects of the charity, and the information sought for; and, on this account, he gave it as his opinion, that the necessary information would not be elicited by the commissioners' circular. But he stated, that if appropriate queries were addressed to each class of the charities, much useful information would be had, but still, that if an accurate view of the condition and working of the whole system were desired, it could only be obtained by medical inspectors. The issuing of such a circular shews, how necessary it was that one or more medical men, conversant with such subjects, should have been appointed as chief commissioners; or if the dignity of such bodies is supposed to be lessened by an admixture of professional men, much advantage would arise from the selection of one in each province to communicate with the Board, and give them such practical information as his local knowledge could so readily enable him to afford. Surely Ireland is not so deficient in medical men of observation, information, and integrity, but some such could be found.

† The medical inspectors under the "Poor Law Commission," were Sir D. Barry, Dr. Corrie, Dr. Borrett, and Mr. C. Rooney; the first is an army surgeon, admirably calculated for the duty he was employed on, the other two are English physicians; neither of these ever practised in Ireland, but Sir David was a Dublin student; Mr. C. Rooney is a Dublin surgeon, and never had the practice of any institution beyond Kilmainham. When their Report is published, I may, perhaps, take an opportunity of making some remarks on it, should the good of the sick poor, and of the medical profession in Ireland, require it.

prehensive for the wants of the country. In the next chapter, a few brief observations will be made on some points not immediately, though indirectly, connected with this inquiry, and which appear to be particularly called for, in consequence of the disposition latterly shewn by the public to discuss the question of a poor law for Ireland.

CHAPTER XI.

ON THE EXPEDIENCY OF CREATING A FUND FOR SUPPLYING SUITABLE FOOD AND DRINK TO SUCH OF THE SICK POOR AS REQUIRE THEM DURING ILLNESS AND CONVALESCENCE ; AND OF ESTABLISHING A BOARD OF PUBLIC CHARITIES IN IRELAND.

SECTION I.

My own experience, and that of several Dispensary practitioners with whom I have had conversations on the subject, have long convinced me, that many of our sick poor ought to be provided with such food and drink as their medical attendants consider them to require, until their health is so established, as to enable them to resume their ordinary avocations. I, therefore, considered it my duty to make such inquiries on the subject, as might enable me to state with greater confidence than my own limited experience, or that of the medical gentlemen of my acquaintance, would authorize, how far such provision is wanted ; with this view the eleventh, twelfth, and thirteenth queries were inserted in the circular No. 2, (see Appendix.) In answer to these, I have received many communications chiefly from members of the medical profession, and from clergymen ; each affirming the necessity of such provision.

In some places this necessity has induced the charitable and humane to form associations, and to collect funds for the relief of the " destitute sick," or " sick room-keepers," but the places in which such exertions have been made are few, and the means at their disposal, in general, very inadequate. To prove which, and to give some idea of the state of that class of the sick poor requiring this assistance, I shall give extracts from a few of the communications with which I have been favoured.

A fund for the "relief of the sick poor," has been annually collected in Waterford for above forty years. In the Report for 1833, "the committee regret exceedingly, that they are obliged to complain of a grievous falling off in its funds and efficiency." The average annual amount of this fund was about £150. "The disbursements are made in cash by visitors, at an average allowance of only ten pence per week to each poor sick person; such a fund is greatly called for in this city; at present it is very inadequate to meet the fair demands on it. In my opinion, it might be managed without being liable to much imposition. There is no provision made here for indigent roomkeepers, consequently many of them are in great distress."*

"The city of Cork is divided into seven parishes; in one only there is a soup house at present. In 1826 and 1827, an epidemic fever and dysentery prevailed, and there were parochial soup houses throughout the city. The physicians of the Dispensary were then privileged to give tickets to their *convalescent* patients, but they were so imposed on by applicants, who, without disease, required to be visited that they might obtain soup tickets, that they have been obliged to forego the privilege. At the same time there was a society that gave straw, but their funds have been long since exhausted, and it has ceased.

"Such a fund as you allude to would be most desirable, and I suggested to the medical commissioners, that metal immoveable bedsteads would be a great advantage to the poor, as they are frequently in disease found lying on damp floors, frequently ground floors, with inadequate covering and insufficient litter, for I can give the miserable stuff I have seen them lie on no better name; with respect to the sum adequate to such purposes, I can form no idea, particularly in a great and thickly inhabited city like this, liable to severe epidemics."†

"There is no *public* fund in this town (Sligo) for the purposes alluded to in your queries. There is a charitable association for the relief of the 'destitute sick;' funds last year £52; a committee of ladies visit the sick, and give relief in meal, milk, and sometimes in clothing or bedding. I think there is very little imposition practised on the insti-

* The Rev. M. Coleman, R. C. Curate, Waterford, Oct. 1834.

† Dr. Porter, for some years one of the Dispensary physicians.

tution ; it is nearly impracticable, or it would be done. As neither this, nor the lying-in or mendicity institution, is sufficient to meet all fair demands on them, though they do much good, I think a fund for the supply of food and bedding to the sick poor would be very necessary.”*

Dr. Millet of Cove writes, “there are no funds here to supply the sick poor with food, &c. For answers to your queries I refer you to the Report of the Sick and Indigent Room-keepers’ Society, which unfortunately no longer exists, from the apathy of those who could best afford to support it. If such fund were under the control of the managing committee of the fever Hospital and Dispensary, there could be no malversation.”

The Report above alluded to (for 1830) is a most impressive and masterly one : by it I find that £75 was paid by the visitors, and that the total number relieved during the year was 470. Several affecting cases are given to show the utility of the society, and the mode in which relief is afforded. It would be unpardonable not to give a few.

“First case.—S. Bright, a poor little sailor boy, who had been left on shore by his master, without money or friends, and who must inevitably have perished, were it not for some members of this society, who procured him a comfortable lodging and medical assistance, (of which he stood much in need, as one of his feet was in a terribly frost-bitten state,) and kept him, during the period of eight weeks, at considerable expense, providing him also with some necessary clothing to enable him to return home to Bristol. *It was with this case the society originated ;* the surplus of subscriptions raised for his relief being the commencement of the fund.”

“Twenty-first case.—C. Hemley, an orphan, the victim of a frightful spasmodic disease, was casually observed by the visitors of the western district. He was found in a state of utter destitution, without even a sufficiency of straw to protect him from the damp and cold of the earthen floor on which he lay in a most terrific state of convulsion. His only support in the intervals of his malady was derived from the compassion of two poor boys, about his own age, who supplied him with an occasional scanty meal, by withdrawing from themselves a portion of what would have been actually

* The Rev. W. Armstrong.

required for their own sustenance. It is unnecessary to say that the sympathy of the visitors was enlisted in behalf of this poor sufferer, nor could they withhold their admiration and gratitude from his humble benefactors.”*

“Twenty-fifth case.—Edward Barry, in the act of blasting a rock, was so dreadfully injured by the explosion, that for some time his life was considered in imminent danger. For two months he was entirely deprived of sight. It would be impossible to describe the afflicting condition to which his wife and *nine children* (the eldest scarcely able to assist the mother in the care of the others, and all wholly dependent on his labour for their daily subsistence) were reduced by this melancholy accident. A small weekly sum, advanced from the fund, added to some contributions from charitable individuals, constituted their chief support during his illness: he is now restored to health, and again able to work.”

“Twenty-seventh case.—J. Kinnally, after having passed the greater part of her life in comparative comfort, and always maintained an irreproachable character, is now in a state of most abject wretchedness: doomed to all privations inseparable from extreme indigence, she labours also under a pulmonary disease of an aggravated character, to which is superadded the anguish of a large and increasing tumour between her shoulders. Her eldest daughter slowly recovering from a protracted illness, worn and emaciated, affords an instance in her appearance of the effects which want and disease can produce on the human frame. Her youngest, deprived of her husband at an early age, and burthened with three children, had conducted herself in the most exemplary manner, and was creditably exerting herself for the support of this unfortunate family. Unable, however, to obtain sufficient employment here, her utmost efforts were scarcely adequate to preserve them from perishing. The society, by advancing a small sum weekly, enabled her to proceed with her eldest son to England, where she has friends, and has obtained a situation. She is now in a condition to make, occasionally, small remittances to her children, and afflicted mother and sister, and the society still continues to alleviate their misery.”

* Numerous instances of a similar kind, where sick paupers were supported by others, whose fare was insufficient for themselves, have come under my notice.

When the small sum bestowed by this society is considered, only about six-pence per week to each person, and that such good effects were found to be produced, it is painful to find that the society has been dissolved for want of funds. But, were a similar association in every town in Ireland, and such men as Dr. Millet, and the benevolent individuals at Cove, who interested themselves in the support of the institution, found to describe what they had seen, the same scenes would almost every where present themselves, and numerous sick paupers met with, whose health could be re-established by means of even such a small pittance.

From Galway the Rev. L. O'Donnell, a most intelligent and humane parish priest, and chaplain to the gaol, in answer to my circular, given him by a gentleman there, observes, "you may inform your friend that there is no fund *of any description* whence the poor afflicted by sickness can be provided with proper drinks, food, raiment, bedding, or any other necessaries. That there is a fever Hospital where those who are admitted are taken care of whilst there. *That many could not this year be admitted* from the prevalence of fever, and were therefore provided for at their homes *as well as their own miserable means could afford*. That there is also a Dispensary; that the only relief it confers is medical advice and medicine; that the condition of the poor is far, very far, from being comfortable, and that such a fund as your friend speaks of is very desirable, provided it were not to be levied off the more comfortable inhabitants of the town, the imposts on them being already too numerous and too oppressive for the present depressed state of trade. That if the destitute portion of our community were to be supported by the more comfortable class, we should have the town soon reduced to one mass of misery. If the object of your friend in putting these questions be, for the introduction of a system of poor laws, my decided conviction is, that these laws, although not perhaps altogether objectionable in the country, must bring inevitable ruin on towns."

From Maryborough, Dr. Jacob (member of the Dublin College of Surgeons) observes, "in reply to queries 11, 12, 13, I have to state that we have no fund whatever to provide food or beds for paupers; that no idea can be formed of the extent of destitution amongst the labouring classes, and that till measures be adopted for their relief, it is morally impossible they can be tranquil. I cannot say what sum would be necessary for the purpose, but it should be every where

dependent on the number and poverty of the population." The remaining part of Dr. Jacob's letter, coming from such authority, and agreeing in the views expressed throughout these pages, is too valuable to be omitted, though not immediately on the present subject. He proceeds, "I hope you may succeed in having the sick poor of Ireland provided with medical attendance of the most efficient description. While we have unfortunate wretches *literally dying in ditches*, when seized with fever or other diseases apprehended to be contagious, we must admit that this country is only in a state of half civilization. We have no Fever Hospital in this county, with the exception of the name of one attached to the Dispensary at Abbeylax, nor are we likely to have them while their existence depends upon voluntary contributions, without which they can neither be established nor supported. There is not the same inducement for persons of wealth to establish them as Dispensaries. The latter indeed are infinitely more frequently established for the purpose of *endowing* a medical practitioner, and securing his services on cheap terms for his wealthier patrons, whose interests are far more carefully looked after in the arrangement of those institutions than the welfare of the poor, for whom it is professed they are intended."

Dr. Waters of Parsonstown, a highly talented and respectable physician, who is also a Dublin surgeon, gives similar opinions. "There is not," he says, "any fund for supplying the wants of the sick poor, which would be most desirable, their state of destitution being almost beyond conception." And again, "I think it the duty of every medical man interested about his profession, to assist in endeavouring to produce some reform in the abuses which exist in our medical charitable institutions. I should say, that there is not a town in Ireland which feels the want of it more than this: with a population above 6000, we are without a place to put a patient into labouring under the most severe surgical or non-contagious medical diseases; and until within these last three months, when I was appointed medical attendant to the Dispensary and Fever Hospital, *the latter was closed for want of funds, although fever had been raging to a considerable extent*. It is now open, but supported entirely by an individual, the Earl of Rosse. I think such establishments must fall short of the ends for which they were instituted, as long as they are solely dependent on the voluntary contributions of the public. The county In-

firmary is a mere local Hospital, *benefiting the circle of its own immediate neighbourhood, but not extending its advantages beyond a distance of ten miles at the utmost.* This, the largest and most populous town in the county, (King's,) being about twenty miles from it, and a considerable district of the county lying still farther off. I could mention many instances of severe injuries, and medical cases terminating fatally, which in all probability would have had a more favourable result if there had been a local Hospital to receive them.*

"The Fever Hospital was originally intended to contain twenty beds, but from its present dilapidated state it can with difficulty contain twelve. The patients admitted generally resided in the town and *immediate* neighbourhood: I do not recollect an instance of their living beyond three miles off. I find the greatest inconvenience from the remoteness of the county Hospital, which might be obviated by the establishment of local Hospitals, connecting the present Dispensaries with them, and making it compulsory on grand juries to grant a sum for their support, proportioned to the population of the town and district in which they may be situated."

The most extensive and best conducted nourishment institution that I have had any account of is the "Nourishment and Clothing Society in co-operation with the South Eastern Dispensary" in Dublin. Several of the annual Reports have been given me by Dr. M'Adam, a talented and most humane physician connected with that excellent Dispensary, and who has taken much interest in its formation, as well as in that of the Nourishment and Clothing Society.

The objects of the latter are, "to administer suitable nourishment to the sick, to relieve the wants of the poor with useful clothing and bedding, and to promote health and cleanliness within the district." "Soup, whey, gruel, potatoes, straw, blankets, flannels, &c., are dispensed to those who have been recommended by subscribers, and are ascertained to be suitable objects." "One visitor ascertained, that of sixty-four families, whose cases he investigated within his own section, there was but one who had a bedstead and blanket, and many of them not even straw to lie upon."

* These two letters were received since the chapter on Infirmaries was written.

For the credit of the medical profession I feel much pleasure in stating in the words of the First Report, that "the founding of this institution has arisen out of those 'prompt effusions of benevolence,' for which physicians have always been remarkable. The medical Dispensary of this district was scarcely one year established, when the appeal of those medical gentlemen, who had gratuitously engaged themselves in visiting and prescribing for the sick poor, was made to the opulent inhabitants of this quarter of the city in their behalf. The physicians had abundant opportunity of observing how miserably in want of clothing and nourishment many of these wretched people whom they visited were, which not only protracted, or rendered doubtful the cure of their patients, *but was even in many instances the cause of the very diseases for which they had to prescribe.*"

There are institutions of a like kind in Dublin connected with other Dispensaries, all of which are productive of great advantages.

These instances are sufficient to prove the necessity for a fund to supply suitable food, drink, and a few other necessities to those who, during illness and convalescence, may be known to require them; and they also show how much good can be done with such fund, even when disbursed with great economy.

I am unable to give any *data* on which I could rely to estimate the probable annual amount of a nourishment fund for the sick poor. But it should be recollected that many of this class would neither stand in need of, nor demand it. I have been informed by very intelligent clergymen of extensive and populous parishes, that only a small sum, not exceeding £20 a year, would be necessary, but I know that in others that would be quite insufficient.

It is the opinion of some intelligent correspondents, that were such a fund created, it should be entirely distinct from the medical one, in which I fully coincide, as long as the medical institutions remain on the present system. But with a better one, under which the fit objects would be defined and known, and consequently could not readily impose on the medical officers, or visitors, impositions would be comparatively rare, and seldom attempted.

This part of the subject is so nearly connected with the question of a poor law, that some may expect that one who professes to treat of the former should also give an opinion on the latter. But though both nearly run into each other,

they are not "one and indivisible." The medical portion may be legislated, and acted, on, without any law whatever being passed in respect to affording food or employment to any but the sick, lame, blind, &c. I could certainly give, from my own knowledge of the state of the poor of extensive districts, sufficient instances to prove how extremely wretched they are, and how much in want of relief; and the communications of numerous correspondents are to the same effect. But the question of a general poor law has been yet scarcely at all discussed in Ireland or by the legislature. It is one of vast importance and confessedly of great difficulty, and, therefore, should be only approached by those who have had sufficient opportunities of studying it as legislators, after they have carefully examined the evidence of the poor inquiry commissioners, and other documents capable of throwing light on the subject. The examination of such documents must occupy some, perhaps no inconsiderable time; and whatever may be the result, the question of a sufficient provision for the sick poor can scarcely be affected by it. I have purposely given one instance, that of the Rev. Mr. O'Donnell, and could give many more, of men of great intelligence, well acquainted with, and feeling deeply interested in, the relief of the poor generally, men too whose love of country cannot be doubted, who are at present adverse to any poor law that would go beyond a provision for those who, from sickness, and bodily or mental infirmities, are unable to subsist themselves, and have none to support them. These may be right, or they may be wrong, but they are practical and honest, and therefore entitled to great consideration.

Under all these circumstances I feel that I shall be better able to forward the claims of those whom all unite in admitting the necessity of making a provision for, by declining to offer any opinion on the general question of poor laws, on which, in fact, neither I, nor any other can, at present, be well prepared to give one; and as all agree in the principle of the measures here advocated, as well such as oppose a voluntary or compulsory poor law, as those that advocate either, I am anxious that no opinion of mine, which, if given at all, must be premature, should lose the support of either party in pressing on the legislature the necessity of an immediate and sufficient provision for the sick poor. But I would beg leave to impress on both parties this important fact, that by legislating on the medical institutions in a li-

beral and comprehensive spirit, they will have carried the most pressing and necessary part of a poor law, that regarding which no doubt exists, and that whatever remains to be *then* done, being, as it would appear, a matter for cautious inquiry and consideration, can be done with less difficulty, and with the greater credit, after the wants of the sick poor, &c., had been fairly provided for.

SECTION II.

BOARD OF PUBLIC CHARITIES.

Where charities are numerous, and, as in Ireland, chiefly established and supported by public funds, it requires but few arguments to prove how necessary it is that there should be a board, (composed of competent and practical persons, whose time could be sufficiently devoted to the discharge of their duties,) to regulate and control these institutions.

For want of such board it is clear that many evils must arise, as the local governors of particular charities, if disposed to abuse the funds, or ignorant of the best means of rendering them most effective, have no controlling or regulating power to check or direct them, which is the case with the whole of those numerous medical institutions, of which an account has been already given. There is, it is true, a sort of nominal control over each class of them, but it can scarcely be otherwise than nominal. For instance, the accounts of county Infirmaries are submitted to the commissioners of imprest accounts; but this appears more a matter of form, and for the purpose of collecting them for the use of the government and parliament than as any check or control, of which the remark appended by the inspector general of accounts appears a proof. He states, in the Report of 1833, "in obedience to the board's order, requiring me to examine the county Infirmary accounts to 5th January, 1832, and to see whether they have been regularly stated and authenticated, I have *superficially examined* the accounts above abstracted, and do not find any circumstances to induce me think that a further examination or audit of any of them, would be of any advantage to the public or the institutions." It is true the grand juries exercise a controlling power over Infirmaries, as well as over all other presented charities, but what we want is a board to direct and control all.

The functions of a board of public charities would necessarily be numerous in proportion to the objects for which it might be appointed. First, when an institution was proposed to be established, no matter whether an Hospital, House of Industry, or Lunatic Asylum, *a competent* board would take care that the building should be in proportion to the probable wants of the district for which it was intended, after due inquiry had been made what the extent of these wants were likely to be. Thus, there would be as much expended as was necessary, and no more. Next, attention would be paid that it should be built in a proper situation, not in an unhealthy or inconvenient one, to suit the interest or caprice of any person or party. The work would be done in a proper manner, substantial, commodious, and ornamental, without sacrificing too much to architectural beauty, either in point of room or expense, in place of being, as many of our public institutions are, devoid of all these qualities, though often erected in a very expensive manner. In the construction of such works the board would take care to introduce such improvements as the superior knowledge of a body, whose attentions were turned to the subject, and whose operations were on a large scale, could so readily enable them to obtain information on. Thus, we should have wards of a proper size, good ventilation, durable and well constructed water closets, and other advantages which the more limited information of local governors, or the architects employed by them, would not always, or perhaps, often introduce.

Again, such board would collect information in the different departments under its superintendence, and would, from time to time, communicate this information to the local bodies, so that any particular improvement or discovery that had any where been made would be at once known to the governors of every institution of the kind in the kingdom; improvements or discoveries which perhaps for many years they would not otherwise learn the existence of. And finally, as all the income, expenditure, &c., would come under the board's particular notice, they would be always enabled to check and expose any tendency to an abuse or mal-administration of the funds.

A very important part of the advantages conferred by a board of public charities, would consist in its having the power of establishing any institution that appeared necessary in any particular place. For instance, were such board

in existence, it is probable the people residing in and near Dungarvan would apply to have an Infirmary erected there, with which reasonable request, there can be no doubt, the former would at once comply. Now, the grand jury of the county Waterford have had the power of establishing one either at Dungarvan, or in any other central place, since 1833, but no step has yet been taken in the matter, so many conflicting interests probably interfering. The same would be the case where a Fever Hospital or Dispensary was much wanted ; it would be at once established, as no local interest could prevail in influencing the board, who would be guided by their own judgment and the Reports of their accredited officers, perhaps the medical inspectors alluded to in the last chapter.

Thus every object necessary to be accomplished would be obtained, uniformity of system, efficiency, economy, and organization. But how these can be well or at all effected without some such board, it would perhaps be difficult to show.

As the consideration of this subject is now in the hands of a gentleman admirably qualified to throw light on it, and to induce the legislature to adopt his views ; I mean Mr. Thomas Wyse, member for Waterford, I shall only give two instances of the injuries which arise from the want of a board to regulate our numerous public charities. The first will show of what defective materials some of our present boards are composed, and how the public suffer from their defects ; and the second will afford a strong proof, that from the local governors little in the way of improvement is to be expected, and that a judicious legislation only can effect it.

When the Maryborough Lunatic Asylum was directed to be built, the county of Tipperary was included in the district, which would then contain a population of 942,000. By law the asylum could only be made to accommodate 150, so that as Tipperary alone contains at least 100 lunatics, probably more, there could not be sufficient room for all that the district contained. But even though more than 150 might be admitted, the inconvenience of sending them from this extensive county to Maryborough, a distance of at least fifty miles, must at all times be so much felt as to render the asylum nearly useless to more than half this county. These circumstances show that the commissioners of Lunatic Asylums could not have had any accurate notion of the number of insane in the district, and did not at all consider the

matter of inconvenience or distance. But on a representation from the local governors of the Clonmel House of Industry, the Lord Lieutenant revoked the order to include Tipperary in the Maryborough district, and issued a proclamation to join that county and Waterford, and to establish an asylum for both in Clonmel, being in fact the most central point for them. The order to unite these two counties in one district was only following out the letter and spirit of the law on the subject, having in view economy and convenience; but in a few weeks another proclamation was issued, directing an asylum to be built for Tipperary, at Clonmel, and another at the city of Waterford, for the county Waterford. Now, what have been the consequences? Both counties have been put to the expense of £33,475 for the two asylums, whereas, one that would only cost £23,000 at the utmost, would have been amply sufficient. The direct loss to both counties, therefore, amounts to no less than £10,475, in addition to which there must be an annual one of at least £800, as the expense of supporting two minor institutions will always be considerably greater than that incurred for a large one, even though the former only contain the same number of patients as the latter.

Another, and a still more extraordinary circumstance attended the establishment of these two asylums. The reader will see that the Waterford institution is intended to contain 100 patients, and that at Clonmel sixty. That is, the former is calculated to accommodate one lunatic for every 1770 of the population of the district, whilst the latter is only intended to receive one in 6716. From this it may be supposed, that insanity is much more frequent in the county and city of Waterford than in Tipperary, in the enormous disproportion of about $3\frac{7}{8}$ to 1. If such be the fact, it is one of the most extraordinary statistics on record, but I greatly doubt that any such disproportion exists. It is possible there may be somewhat a greater number of idiots in the former, being a more mountainous country, than in the latter, but that either idiotcy or mania is so much more prevalent there than in Tipperary is far from being certain. The following, however, appear to me to be the circumstances that misled the commissioners in supposing that Waterford contains a greater number of insane persons than this does, and therefore required a larger asylum.

For some years it was usual with the inspectors general of prisons to send queries to the officers of houses of industry

and such places as lunatics were confined in, to which returns were made according to a prescribed form, thus :

“ How many lunatics in ()

“ Idiots and epileptics

Mania, { Curable
 { Incurable

Total

The information afforded by these returns showed, that, about the period at which the estimates were made for the building of these two asylums, the number of insane in the Waterford House of Industry was 116, and that in Clonmel 52. This at first view appears to afford sufficiently accurate *data* whereby to judge of the relative number in each county ; but nothing could be more fallacious, for these reasons : the Waterford House of Industry is much larger than that at Clonmel, being calculated to contain one in every 500 of the population, whilst the latter can only accommodate one in 1830. In Waterford, therefore, a greater number of cells and rooms was always allotted to the lunatics, and on that account, the institution was enabled to admit many cases of idiotcy and incurable mania, which in Clonmel there would not be room for, the object here being, as much as possible, to admit curable or improveable patients. This will be seen by the reports of the inspectors general, that for 1833 for instance, in which, though the total cases in Waterford were 116, the incurables amounted to eighty-six, and the curables only to thirty ; whereas, in Clonmel, the former were but twenty-six, and the curable twenty-six ; total, fifty-two. By this we find that the incurable cases in the one institution were as three to one, and in the other only one-half of the whole. From these disproportions a medical inspector would at once perceive the necessity of further inquiry to ascertain the cause of such a circumstance, and had such inquiry been made, the following facts must have come to light, and would have been fully sufficient to prove that the numbers in each asylum were no sure test by which to form any reasonable estimate of the probable number contained in each county.

The surgeon of the Clonmel House of Industry is a salaried officer, and, *therefore*, obliged to attend the institution daily. On being appointed to that situation the writer of these pages saw how insufficient the room allotted to the

insane class must be for those in the house, and for several that he knew were at large in the county. He, therefore, with the concurrence of the governors, directed his principal attention to the admission and treatment of cases likely to be benefited by moral or medical management, and by considerable exertions, and at no small expense of time, was enabled to admit and discharge, cured, or much improved, a far greater number than usual. For some years before the period alluded to, the average admissions (of the insane class) amounted to $26\frac{1}{2}$ annually, the discharged to $16\frac{1}{2}$. On the average of several years, during the author's attendance, the average annual admissions were $49\frac{1}{2}$, the discharged $37\frac{1}{2}$. In this consisted the whole secret. Many of those who were discharged cured, or relieved, from the Clonmel asylum, of course became, or will again become, insane, when any sufficient exciting cause occurs. So that though the number in that institution was less than at Waterford, that throughout the county of Tipperary was not less, but probably much greater, and should be calculated, not from those in the asylum, but from those scattered through the county; and the number so scattered could be tolerably well estimated by the amount annually discharged, had such been inquired into.

I am unable to give a similar return of the lunatics admitted into and discharged from the Waterford House of Industry Asylum, but have reason to believe it has not at any time been so considerable as that at Clonmel; not from any want of talent or attention on the part of the medical officers, but probably because the institution being more commodious the same necessity for exertion on their part did not exist.*

These facts are, I should think, sufficient to authorize the conclusion that, though the commissioners appointed by the Lord Lieutenant to establish and regulate district lunatic asylums were men of great intelligence and strict integrity, and though some have considerable practical acquaintance with public institutions, either they were not well enough

* Dr. Poole, physician to the lunatic side of the Waterford House of Industry, is a very talented and respectable practitioner. He acts gratuitously; I will not say that he, therefore, is not as executive as if he were paid, but I candidly confess that were I not paid myself, I would not, for in truth I could not, devote so much attention as I have done to the Clonmel institution. Another instance of the utility of paying medical men for public duties.

informed on the subject under consideration, or they had not leisure to be able to devote a sufficient portion of time to it. Both probably was the case; for there is scarcely one of them that is not fully employed either professionally or with private and public business.

When under the guidance of such gentlemen so much of the public money has been *unnecessarily* expended, it affords a strong proof that boards having onerous and important duties to discharge, and considerable funds to disburse, should be selected on a very different principle; that is, that they should in the first place be persons well acquainted with the duties they undertake, have sufficient time, and be obliged to devote it to the discharge of these duties, and be fairly paid for their services. Were such principle acted on, two or three commissioners of district lunatic asylums would have been sufficient, and the whole amount of their salaries would not perhaps equal that which has been unnecessarily expended in the Waterford and Clonmel asylums,* taking into account the annual loss that must in future occur; so that after all, it will often be found that unpaid officers are the most expensive, and certainly the least efficient, and, *vice versa*, that those who are paid and responsible, which such as are not remunerated can scarcely ever be, are in every respect preferable.

That the local governors cannot be expected to effect any material improvement in our public charities, even under the most favourable circumstances, the following affords a good instance:

After I obtained a good deal of information, in reply to the circular alluded to in page 47, and laid it before the public through the local press, a most benevolent and influential individual, the Rev. D. H. Wall, then rector of Clonmel, exerted himself to procure funds for the purpose of establishing a Surgical Hospital here, and in less than twelve months had the satisfaction of seeing an institution capable of containing fifteen beds completely finished. A part of the funds having been obtained from the grand jury, this Hos-

* It is, I believe, generally understood that the unpaid members of public boards, expect a certain degree of patronage to compensate them for their labours; and, of course, in the exercise of such patronage, it cannot be supposed that they will overlook their friends, and give situations to others, even though these be more competent. I would not say that this leads to jobbing, but it comes very near it.

pital was intrusted to the managing Committee of the Clonmel Dispensary and Fever Hospital, being in fact erected on the same premises. It was opened in November, 1829, and admitted sixty patients during the next four years, ten of whom died—these were all bad surgical cases; and though the number admitted was limited, the benefit conferred was very considerable. Of the entire number forty-nine were residents of the town and suburbs, and eleven came from different parts of the surrounding country. But during the last three years, this Hospital, capable of conferring so much good, has been entirely closed, the committee refusing to admit patients into it, though the experience of the first and second years, whilst it was allowed to be made pretty available, put it beyond all question that the town and neighbourhood afford more than a sufficient number of bad cases to keep it constantly full. The Committee act on the opinion, that as the funds intrusted to them are by law intended to support a Dispensary and Fever Hospital, they are not legally authorized to appropriate these funds to the support of Dispensary patients in a Surgical Hospital, though in many places a similar practice has been known to prevail. In doing so the Committee only keep to the strict letter of the law, and for this be it far from me to blame them. But from all this, it is evident that something more than a mere optional power must be vested in such bodies, or they will not otherwise use these powers executively. When the population of Clonmel, and the country immediately about it, and its various manufacturing and other machinery are considered, it will at once be obvious that a Surgical Hospital must be greatly wanted there. And if the law be such that the funds raised for Fever Hospital and Dispensary purposes cannot legally or strictly be applied to the use of surgical patients in Hospital, if the necessity of receiving such patients be admitted, and it neither has nor can be denied, I would ask, could not this Surgical Hospital be rendered available by means of funds raised by private subscription, which should be exclusively applied to the support of these patients? The possibility of this is not likely to be doubted, for there are in this town and neighbourhood so much wealth, humanity, and public spirit, that in one week, *if such subscriptions were asked for*, ample funds would be contributed, and the benefits that must be the result would insure the same subscriptions annually. *But they have not been asked for*, and in this consists the inefficiency of such

committees in Ireland; unless funds come to them almost without any effort, or through grand jury presentments, they rarely exert themselves to procure them; resting contented, as we have seen in the case of Infirmaries, by squaring their expenditure according to the income, rather than endeavouring to make their income sufficient to meet the demands of the sick poor.* The following instance, which has lately come to my knowledge, is too illustrative of the subject under consideration to be omitted. A clergyman went to reside in a town in which the Fever Hospital and Dispensary governors had long been chosen from the members of one particular party; he was soon after waited on by the clerk of one of the committee to request his subscription, which he said he should cheerfully give, on being shown the subscription list for the year, which was promised. No list, however, was sent, but he was again called on, and some excuse made, and he paid £3. The next year, application being again made by two members of the Committee, he again requested to see a list of the subscribers, and declared he would not contribute until it was given. The subscription list was promised, but it neither was sent, nor was any application made that year for his contribution. He subscribed the succeeding year from a feeling that as a clergyman he ought to do so, but to this day he has never been able to know who the subscribers are, or what any one but himself pays. His name was added to the Committee, and on receiving notice that a meeting was to be held, he went at the appointed time, but found the members retiring, carrying

* About nine months ago, a poor wretch who incautiously ventured too far on the edge of a lime-kiln in the suburbs of Clonmel, fell into it, and was so much burned that he died in a few days. Application was made to have him admitted into the Surgical Hospital, but without success. He was attended by the Dispensary Doctor in a miserable cabin, where it was impossible he could have such comforts, &c. as his case required. Soon after his death, the medical attendant was called before the managing committee, and asked, if the man had had proper Hospital accommodation, could he have recovered? To which he replied, that had he been in Hospital, he would have had a chance of recovery. A memorandum was then made to the following effect:—"Resolved, that the Surgical Hospital be opened for the reception of patients, agreeably to the rules for the management thereof, until further notice." This order was made on the 8th of December, 1834, and up to this date, July 10th, 1835, not a single patient has been admitted; a fact which speaks volumes in proving how effectually patients may be *passively* excluded, when the governors and medical officers understand each other, and are indisposed to admit them.

with them the books, which he has never been able to inspect. He still pays £2 per year, but knows nothing of the mode in which the funds, &c. are managed.

ON THE INSTRUCTION OF MIDWIVES AND NURSETENDERS.

In the enactment of any law for the establishment and support of medical charities, some provision should be made to facilitate the instruction of midwives and nursetenders, and to authorize parishes to employ and pay them. At present numerous valuable lives are lost, and contagious diseases extended, if not created, in consequence of the prejudices of the midwives and nursetenders of this country, the nine-tenth of whom are the most ignorant and drunken wretches in the whole community. It has been too often my unfortunate lot to visit poor women in labour that had been so maltreated by brutal and ignorant midwives as to leave no chance of their recovery; and almost numberless times I have been baffled in my efforts to induce patients in fever, or other febrile diseases, to practise ablutions, to admit fresh air, and to change their linen, by the opposition of ignorant nursetenders, who think either "would give them cold," and exclude fresh air with as much anxiety as they give punch to cure their patients.

With regard to the better instruction of midwives, an act of the legislature has provided that grand juries may present a sum not exceeding £40 to the funds of the Dublin (Rotunda) Lying-in Hospital, for the support and instruction of any female wishing to become a midwife; and the charter of this splendid and most valuable institution authorizes its master and assistants to instruct, examine, and certify for such midwives after they have spent six months in attendance there.

Under this provision we have some excellent midwives instructed, and were the number sufficient, they would be a great blessing. But I am sure I am within bounds in asserting that not above one in twenty have had this or any other instruction.

I am indebted to Dr. Evory Kennedy, the present

talented Master of the Lying-in Hospital,* for some valuable information on this subject, which I regret my limits will not allow me to make use of at present. He states that the average number of female pupils instructed at the Hospital during two years was twenty-two. Now, this shows that the supply to the whole country cannot be at all sufficient. I know that some are instructed also at the other lying-in establishments in Dublin; but as no presentment can be made except for those that are sent to the chartered Hospital, I infer that the females alluded to must be residents of Dublin or the immediate neighbourhood, as very few will go from any distant part of the country to remain at any Hospital in Dublin at their own expense, which, in fact, they cannot well afford.

It is evident, that if the different counties were to send as many females to be taught midwifery as the population might require, even the Rotunda Lying-in Hospital would be quite insufficient to afford them the necessary facilities. Besides the expense will, and has, prevented grand juries from presenting. It appears to me that there could be no difficulty in giving such persons very useful instruction in the country, and, of course, at very little expense, in the following way:—In several places it is known that there are Lying-in Institutions to which considerable funds are subscribed, quite independent of the other medical charities. In Clonmel, this fund amounts to about £100 a year; some years it is more. In large towns the medical attendance is generally gratuitous,† not done by the Dispensary surgeon,

* This Hospital contains 140 beds, about seventy to eighty of which are kept constantly occupied; the remainder are thus enabled to be frequently washed, and the wards ventilated, &c. The greater part of the patients remain but about seven or eight days in the house. It was opened on the 8th of December, 1757, and admitted up to the 31st December, 1833, no less than 135,181 women; 6206 of these went out undelivered; 129,172 were delivered in Hospital; the boys born were 68,300, the girls 62,922; total of children, 131,222; 2038 had twins, twenty-eight had three children each, and one had four. Children died in Hospital 5500; still-born 7777: women died 1500. Abstract of the registry furnished through the kindness of Dr. E. Kennedy. This brief account shows the extent and value of this great national institution.

† The accoucheurs of this town, generally the juniors, give gratuitous attendance on the patients of the Lying-in Institution, and that attendance is perhaps as regular and efficient as could possibly be found any where. Yet I have known a female die of uterine hemorrhage in a case of placenta presentation, when not one of all the medical men in the town, at least a dozen,

but by other members of the profession, as the former would not have sufficient leisure. If the plan of general Hospitals were adopted, and that two or more medical officers were appointed to each, then these might have charge of the midwifery department also; and if provision were made that any parish in the county or general Hospital district be entitled to send a female for instruction to these gentlemen, they could very well instruct one or two such in succession, having always an intelligent head midwife to attend, that the patient should never be left to the care of the uninstructed. The persons so instructed should be of good moral character, and recommended by the clergymen, and by magistrates at petit sessions. Thus there would be but little expense, as these women would be near their friends, who could supply them with clothes, food, &c. At the end of a certain period an examination should be given them, and, if found sufficiently instructed, a certificate authorizing them to practise. I admit, in such a way the advantages to be had in large Lying-in Hospitals cannot be expected; but I am confident that if managed with proper spirit, there would be no difficulty in instructing midwives in any large towns, Clonmel, Waterford, or Kilkenny, for instance, were the medical gentlemen in charge of the public institutions liberally dealt with, so as to enable them to make the necessary arrangements.*

With regard to nursetenders, there could be no difficulty whatever in giving them all the instruction they could require. Females of good character, able to read and write, and properly recommended, could act as assistant nurses in Infirmarys and Fever Hospitals, (if we are to be left to the present system,) or in general Hospitals, (if such be established,) and would thus be a saving to the funds of these charities; at the end of six, nine, or twelve months, having been occasionally instructed in the principal parts of their duty by the medical officers, and certified to have so attended, these nurses would be useful to themselves, and a great advantage, not alone to the sick poor, but to the better classes, who often suffer severely for want of the like. Some of these

could be had to give assistance; another strong instance of the injuries suffered from *gratuitous* attendance; were it the duty of one, who was moderately remunerated, he must either attend, or in his absence would depute another.

* Drs. Keily and Porter of Cork, have got up a Lying-in Dispensary on a plan admirably calculated for the instruction of pupils and midwives, as well as for the benefit of patients.

nurses, as well as the midwives, would probably be employed by the parishes, others would attend both rich and poor for hire ; and they would carry with them those habits which they had seen in the Hospitals, and would bear in mind the instruction given by the medical officers, in regard to ventilation, cleanliness, the injury arising from stimuli in the commencement of febrile diseases, and such simple but necessary rules as they could clearly understand and readily put in practice. Thus, they would not only save numerous lives, but would introduce habits of cleanliness, &c., which would the more quickly be adopted by the poor, because enforced by the example and precept of persons of their own class.

I am well aware that many will consider any allusion to the subject of giving instruction to midwives and nurses as undeserving of attention ; but had they observed the scenes that have come under my notice, during thirty years that I have been in practice, their opinions would be greatly changed.

APPENDIX.

CIRCULARS.

No. I.

CLONMEL,
September 1833.

SIR,

It is officially announced, that a parliamentary investigation of the charters and regulations of the different medical corporations in Great Britain and Ireland will be instituted, early next session, with a view to ascertain their effects on the medical institutions, and on the different departments of the profession in these countries; and preparatory, of course, to the adoption of an improved system of medical legislation.

This very necessary inquiry, though instituted with the best intentions, must, however, be very defective, as regards Ireland, unless we are prepared to put the parliamentary committee in possession; 1st, of such defects—abuses I shall not call them, as inefficient acts of parliament, and the want of appropriate regulations, have caused in our medical charities; and 2dly, of the injuries experienced by the public, and the medical profession generally, from the operation of these defects.

If the members of that profession, especially those in charge of public institutions, who have much practical knowledge of these matters, give such information as time and preparation can readily enable them to collect and arrange, proportionately good results must be sure to follow; but if they are so apathetic as to neglect this desirable and reasonable course, parliament *may* legislate, in a considerable de-

gree, in ignorance of the alterations and improvements necessary to be effected; and bad consequences to the profession and to the sick poor, may naturally be anticipated.

In both houses of parliament, our Dispensaries have been denounced, as a gross system of jobbing; and two acts have lately passed to prevent or correct it. But, admitting that abuses or mismanagement in some cases exist, it would still seem desirable that the medical profession in this country should, as they probably can, shew that they fault lies chiefly in the imperfection and inadequateness of the existing laws; and ought not, even though indirectly, be charged on them. This subject deserves the most serious consideration of *all* Irish practitioners, who, it is to be hoped, will suggest such improvements as may remove the objections lately made to these (when properly managed) very useful institutions, but whose mismanagement or abuses are a great injury, in many instances, even to the members of the medical profession themselves.

The acknowledged defects of the Irish county infirmary system; the insufficient accommodation afforded by these valuable charities, to meet the wants of the sick poor in many parts of Ireland; the distance of many of them, especially in large counties, from populous and extensive districts, and the laws which exclude the great majority of Irish practitioners from attending them, though perhaps originally founded on good and patriotic principles, but which are now * admitted to be unsuited to the present state of society, and adverse to the interests of the public and of the medical profession, are also subjects which require the most earnest attention of all the members of that profession, in order that some plan may be devised to remedy these defects; to provide more general and more accessible means of relief, for those who are in need of Hospital assistance; and to insure the co-operation of the profession in general in its favour, in place of feeling, as *the excluded majority* must now feel, if not hostile to, at least indifferent about, the prosperity of our county infirmaries.

Happening to have been for some time engaged in in-

* “ No adequate grounds can be stated, for an adherence to a rule, which excludes from the county Hospitals of Ireland, persons qualified as graduates of London, Edinburgh, or Glasgow.”—*Vide* Report of the Select Committee on the State of the Irish Poor, 1830.

quiries of this nature, for merely local objects, I am induced at this—to the medical profession—very critical period, to extend them for general purposes. I therefore hope you will have the goodness to favour me with answers to the following queries, and with such additional information on the above-mentioned subjects, or any others connected with the reform and improvement of the medical profession, and of our medical charities, as you deem useful—I need scarcely observe, that all the information I obtain shall be used in an endeavour to benefit the former as well as the latter.

May I take the liberty of suggesting that meetings of the medical profession, wherever practicable, would be highly necessary and useful; as from them, the government and legislature would best receive information, and to any thus given most attention would be paid.

As most of the Irish members are now at home, be so good as to get your answer franked, or otherwise sent me, free of expense.

I have the honour to be, Sir,

Your obedient Servant,

DENIS PHELAN,

M. R. C. Surgeons, London.

TO THE MEDICAL OFFICER OF THE ——— DISPENSARY.

1st. How many patients have been annually recommended to your Dispensary for the last three years?

2d. What is the annual amount of subscriptions and donations for it, (and the Fever Hospital, if there be one connected with the Dispensary,) during the same period?

3d. What the annual county presentment? What the annual expenditure?

4th. How far distant is the nearest Fever Hospital, if there is not one connected with the Dispensary?

5th. If you have not a Fever Hospital, or before you had, have you found, or do you find, that fever has been much extended, and considerable loss of life, and much suffering and inconvenience occasioned for want of one?

6th. When fever was epidemic, have the governors of your Dispensary endeavoured to remedy this defect, by using a temporary Fever Hospital?

7th. How far from your Dispensary is the County Infirmary?

8th. Has your practice afforded many instances (and about

how many annually) of bad surgical cases, or of medical ones, (which are not contagious, and not admissible into a Fever Hospital,) which could only be done justice to in the wards of an Infirmary?

9th. If it has, about what proportion of these have got admission into the county Infirmary?

10th. If a large number of them have not; why? Is it for want of Room in the Infirmary? Or from the distance being too great for bad cases to bear the journey? Or that there are not governors convenient to recommend them? Or from what other cause?

11th. As the want of sufficient Hospital accommodation must exist, whilst our county Infirmaries continue as they now are, limited in number and in beds, what means of increasing that accommodation would you propose? Would that object be sufficiently answered in your county, by enlarging the present infirmary, and increasing the number of beds? Or by erecting a second in another part of the county, and where? or

12th. Would you think it better, that it should be imperative on the governors of every Dispensary, who obtain an annual presentment of £100 or upwards, to erect an Hospital; a part of which should be appropriated to the reception of fevers, and other contagious diseases; and a part to that of such bad surgical and medical (not contagious) cases, as could only be properly attended in an Infirmary, with an understanding, that whenever fever was epidemic, the Hospital should, if necessary, be entirely occupied by patients of that class?

TO THE MEDICAL OFFICER OF THE ——— FEVER HOSPITAL.

1st. What number of beds is your Fever Hospital capable of containing?

2d. What has been the probable average number of fever cases in it at a time, for the last three years?

3d. How many in the Hospital now? *

4th. What has been the number of admissions for the last seven years—distinguishing that for each year?

* The object of putting this query was to show, what the answers from the greater number of the Fever Hospitals prove, that a considerable portion of the beds are unoccupied except during epidemics, a circumstance unnoticed in the text; but one important to be borne in mind, as from it we see what facilities there are in many places for the establishment of general Hospitals. Each House of Recovery has its medical attendants generally paid,—an apothecary, housekeeper, &c., and, perhaps, not one-fourth its beds occupied. Admit surgical and medical cases (not febrile,) the expenses of the Hospital staff is scarcely increased; it being only necessary to provide for that of these additional patients.

5th. Are cases of common continued, or typhoid fever, or such as are supposed likely to become so, only admissible? Or do you receive all febrile diseases indifferently, as small pox, measles, scarlatina, pneumonia, dysentery, &c.

6th. Do the regulations of your Hospital allow you to take in any surgical, or non-contagious medical cases, when the beds of one ward are unoccupied by fever patients? If they do, how do you find that system work, and how many such cases have been admitted for three years?

No. II.

CLONMEL, 1834.

SIR,

Being engaged in an inquiry respecting the various charities intended for the relief of the *sick poor* of Ireland, I take the liberty of requesting you to favour me with answers to the following queries, *as soon as convenient*. As I have undertaken, and conducted it, as a private individual, and have already incurred considerable expense by it, may I hope you will get your answer franked, or sent free of expense, to _____ who will forward it to me.

I am aware that gentlemen like you have already been called on to give the Commissioners of Poor Inquiry information of a similar nature, and I feel how it must trespass on your time to answer, in addition, the queries of one invested with no public authority ; but the subject is one of great interest at the present period ; some, perhaps no inconsiderable change in our system of medical charities, appears absolutely necessary, and will probably be soon made ; it is, therefore, of much consequence, for several reasons, that these alterations shall be such as are best adapted to insure adequate medical attendance to the sick poor, not alone of populous towns and their vicinities, but of those residing in remote districts in every part of the kingdom ; and, at the same time, afford the professional attendants the most favourable opportunities of witnessing and treating disease, by which increased knowledge the other classes of the community must be also much benefited ; and that all this shall be done with proper economy, and regard to the interests of the public.

I happen to have devoted no inconsiderable portion of

my time and attention, for some years, to an investigation of the advantages, defects, abuses, &c. of the various medical charities of Ireland, and have long been practically acquainted with every species of them, having been more or less professionally employed in each. An individual so circumstanced may be expected to throw some light on the subject, and to suggest measures for the modification and improvement of these useful and necessary institutions. Under these circumstances it is, that I take the liberty of soliciting such information, of a local or general nature, relating to this subject, as it may be in your power to give.

I have the honour to be, Sir,

Your very obedient Servant,

DENIS PHELAN,
Surgeon.

1. What provision is there in tendance on the sick poor of the for medical at- and neighbour- hood?

2. If there is a Fever Hospital, state the amount of its funds for the year 1833? The sums obtained by county presentment? By subscriptions and donations? The expenditure? The number of patients admitted, and the number of deaths? If the funds are sufficient to allow the governors to admit all the pauper fever cases in the town and neighbourhood?

3. If there is no Fever Hospital, has it been found, either on ordinary occasions, or on the occurrence of epidemic fever, that loss of life, and much suffering, and extension of disease, were the consequences?

4. Were sufficient funds for the support of such an institution available, are you of opinion that its establishment is desirable, and would be a great advantage?

5. How far distant is the nearest Fever Hospital? Is it usual for fever cases in your neighbourhood to be removed there?

6. If there is a Dispensary, state the amount of its funds for 1833? How much derived from county presentment? From subscriptions and donations? The expenditure? And the number of medical officers?

7. Are the funds sufficient to meet all fair demands on the institution?

8. What is the extent and *probable* population of your Dispensary district?

9. How many patients were recommended? *How many of these visited at their own residences?* And how many were affected with fever in 1833? How many with cholera, since the commencement of the epidemic?

10. How far distant is the county Infirmary? Has much inconvenience been experienced from its remoteness, and the want of a nearer or a local Hospital, for bad surgical and serious *non-contagious* medical cases?

11. Have you any fund to provide suitable food and drink, (and straw for beds when wanted,) for such paupers as, during *serious* illness and convalescence, are unable to supply themselves with these essentially necessary articles?

12. If you have, state its yearly amount? How raised and disbursed? If you consider it liable to much imposition, and how? And if it be sufficient to meet all the fair demands on it?

13. Are you of opinion, that such a fund, if satisfactorily raised, and judiciously disbursed, is necessary in your district? and what sum do you suppose would be sufficient yearly?

No. III.

1. What was the amount of property, independent of furniture and buildings belonging to the Infirmary of the county of _____ on the 5th of January last.

2. How much of this property vested in government debentures, bank stock, or other public securities? How much arising from purchases in land, houses, &c.? How much lent at interest to private individuals?

3. Is all this property considered secure and available? If not, state how much, and what description, is supposed doubtful of recovery?

4. Has the Infirmary lost any, and if any, how much, property within _____ years, by the defalcation of treasurers, the insolvency of persons to whom monies had been lent, or in any other way?

5. State the annual amount of funds received on account of the Infirmary, during the three years ending the 5th of January, 1833? Specifying how much was derived from donations and subscriptions, from county presentments, from treasury grants, from petit sessions fines, &c.

6. State the annual expenditure for the above three years, specifying how much for provisions, how much for medicines, for salaries, for furniture and repairs, and for other contingencies?

7. How many intern patients have been admitted annually during these three years? How many externs recommended?

8. On how many of these interns was it found necessary to perform important surgical operations? How many of them were acute medical cases?

9. How many of these interns were residents of the city or

town of _____ and of a circle of about nine or ten miles around it?

10. Are you often obliged to refuse admission to persons regularly recommended, and found on examination to be fit objects, for want of room or of funds?

11. If you are, state how many rejections take place annually, and what proportion of these arise from want of room, what from want of funds?

12. What are the regulations of the governors with regard to persons so refused admission? If they remain in lodgings in the town, or near it, is provision made that they receive medical attendance? And are they notified when vacant beds occur in the Hospital? (This latter is the English mode, and it works well and cheap.)

13. How many beds does your Infirmary contain? How many more is it capable of containing?

14. How many patients in it at present?

15. How many physicians and surgeons attached to it?

16. Does any medical officer reside in it? And if there does, is he a surgeon of any college?

17. Does the apothecary reside in the Infirmary, and does he practise outside it?

18. Is it a part of the surgeon's duty to attend such sick poor in the town as are unable to wait on him at the Infirmary as externs, and who cannot be admitted as interns, for want of room, or of funds, or from their diseases being inadmissible into it?

19. What diseases do the regulations of the governors make inadmissible as interns?

20. How many days per week are externs prescribed for at the Hospital?

21. If there be no Fever Hospital in, or contiguous to _____ has it been found, especially when fever was epidemic, that much loss of life, extension of disease, and great suffering arose from the want of such an institution?

No. IV.

CLONMEL,
November 23, 1833.

SIR,

May I request of you to favour me with answers to the following queries as soon as convenient.

The information sought for is intended to be used in an endeavour to effect some improvements which our medical charities in many places appear greatly to require, an object

which, I hope, will be my apology for trespassing on you, and an inducement to you to favour me with it.

I have the honour to be, Sir,

Your very obedient Servant,

(Signed)

DENIS PHELAN,

Surgeon.

TO THE TREASURER OF THE COUNTY OF ——— INFIRMARY.

1. How many beds is your county Infirmary capable of containing?

2. How many patients in it at present?

3. How many patients have been admitted as interns for the last three years, distinguishing the number for each year?

4. How many *externs recommended* annually for the same period?

5. Are the governors *ever*, or *often* obliged to refuse admittance to fit objects, (properly recommended,) for want of room or of funds?

6. If they are, what steps are taken with regard to such patients until they can be admitted?

7. What diseases are inadmissible into the Infirmary?

8. Does the apothecary reside in the Hospital, and is he a surgical graduate of any college?

9. What provision is there for medical attendance on such sick poor as, from illness, are unable to wait on the surgeon as *externs*, and who cannot be admitted for want of room or of funds, or whose diseases exclude them from the Infirmary?

10. What is the probable population of the town of and of a circle of about six miles around it.

11. *About* how many of the intern patients, admitted for the past year, have been residing within this circle?*

11. Is there a Fever Hospital in the town of ?†

Be so good as to send me one of the annual Reports of the Infirmary, which will inform me of the income expenditure, &c.‡

(Signed)

D. PHELAN.

* This query is particularly important, though extreme accuracy is not expected, the object being to ascertain what proportion of the intern patients come from within five or six miles of the country around the Hospital.

† A circular with a similar object was sent to each Fever Hospital.

‡ Many queries so shaped as to elicit useful information could be added to these; but it was feared they might alarm the medical and other officers, hence much caution was necessary.

No. V.

CIRCULAR ADDRESSED BY THE IRISH POOR LAW COMMISSIONERS,
TO THE MEDICAL OFFICERS AND GOVERNORS OF INFIRMARIES,
FEVER HOSPITALS, DISPENSARIES, HOUSES OF INDUSTRY,
ETC. ETC.

1. State the name of the Hospital; if more than one, state the name and object of each, and when established?

2. In what county?

3. How supported? If by presentments, are these got from more than one county?

4. What number of parishes in your district? Are they all in the same county?

5. Is there a Dispensary attached to any Hospital or Infirmary in your district? State salary and emoluments of the medical gentlemen attending each?

6. What other Dispensaries, Infirmaries, or other public charities within ten miles?

7. Do you attend more than one Dispensary, Infirmary, or Hospital? If so, state the distance of each from your residence? The salary paid for each, and the number of days you attend?

8. Do you consider it your duty, in all cases, to give your own personal attendance whenever medical or surgical aid is required?

9. Is any register kept of all the cases when application has been made for such aid? How these applications were disposed of, and with what results?

10. If so, furnish an account of the number so relieved, within the last three years, and a general statement of the diseases treated?

11. Does it ever occur, that persons get the benefit of your charity, who are in circumstances not to require such gratuitous aid?

12. How and by whom are the medicines supplied?

13. State the amount of receipt and expenditure for each of the last three years, specifying the general heads of each?

14. In what state as to clothes, food, bedding, furniture, ventilation, and necessary comforts, have you found the poor, when called to attend them at their own houses?

15. Have you known many instances, when actual disease was brought on by want of proper sustenance, or when wholesome food might be substituted for medicines?

16. Have you found any particular kind of food in use amongst the poorer classes productive of diseases?

17. Does the excessive use of ardent spirits prevail in your district? And is the practice on the increase?

18. Have fevers or epidemics assumed a particular type amongst the poor? If so, to what cause do you attribute it?

19. Can you suggest any alteration in the distribution of the funds, by which the establishment under your charge is supported, which would render it more efficient for the use of the sick poor.*

J. REVANS, *Secretary.*

* If the reader compare the *quantum* of information likely to be had from Infirmarys, in answer to these queries, and to those in the Circular No. III. (sent by me to the commissioners,) he cannot fail to perceive how insufficient the former were to effect the objects which the board had in view.—D. P.

THE END.

ERRATA.

Page 54, line 24, *for infirmary read second infirmary.*

— 57, — 1, *for offered read offer.*

— 58, — 29, *for twenty-nine read thirty.*

— 113, — 24, *for last read list.*

— 159, — 21, *for he does read they do.*

— 177, — 6, *for gaols, read gaol.*

— 187, — 41, *after be given make a period.*

— 189, — 38, *for inexperienced read experienced.*

— 192, — 16, *for receipt read necessity.*

— 211, — 44, *for twenty-five read 5-8th.*

— 212, — 22, *for £250 read 250.*

— 238, — 19, *for 100 curable read 100 incurable.*

— 243, — 11, *for £9 4s. read £10 3s. 4d.*

— 254, — 44, *for these read there.*

— 288, — 3 *of the note, for a member, read a medical man as member.*

The VIth Table was first constructed from returns had from twelve counties, and from the Baltinglass Infirmary, and the numbers given in page 48 were the result. The returns for four other counties were added after this sheet was printed.

The statistics on English and Scotch lunatics, and the quotation from Sir A. Halliday respecting Mr. S. Rice, in pages 261, 262, should follow that from M. Sayer's in page 249.

TABLE.—No. I.

Income of Dublin Hospitals, and Sources from whence derived.

1831.

Expenditure of Dublin Hospitals, and Number of Patients and Beds.

Name of Infirmary or Hospital.	Balances in favour of the Public.	Parliamentary Grants.	County or City Presentments.	Subscriptions and Donations.	Receipts from Property and other sources.	Total Income.	Provisions.	Medicines.	Salaries and Wages.	Fuel, Soap, and Candles.	Furniture and Repairs.	Other contingent expenses.	Total Expenditure.	No. of Intern Patients admitted.	No. of Externs prescribed for.	No. of Beds.
CLASS I.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.			
Jervis-street Hospital,	48 7 5	138 9 3	200 0 0	514 8 2	407 5 1	1651 12 4	323 13 3	187 14 9	263 6 11	71 16 2	30 1 1	531 16 8	1308 9 11	516	43391	35
Mercer's Hospital, . .	165 17 9	44 10 11	200 0 0	530 15 10	806 14 5	1924 16 7	423 13 2	130 3 6	234 19 7	83 3 4	761 11 0	234 8 4	1857 19 0	721	..	55
Steevens' Hospital, . .	79 9 9	1996 13 10	..	..	2814 17 7	5090 13 6	1481 7 1	644 10 1	825 3 10	345 7 8	1064 4 9	1530 7 9	4891 1 2	1232	..	200
New Meath Hospital,	10945 13 2	88 19 11	1015 7 6	512 17 7	578 3 3	2195 8 3	726 12 7	278 19 9	289 2 7	144 17 11	156 2 7	73 6 6	1669 1 11	886	40000	61
Richmond Surgical Hospital	..	4122 0 0	..	..	..	4532 0 0	..	..	..	..	..	..	4122 0 0	1426	..	120
and Whitworth Chronic Hospital, ...	..	2418 0 0	..	..	..	2418 0 0	..	..	..	..	..	..	2418 0 0	837	..	82
Sir Patrick Dun's Hospital, ...	1589 4 11	..	..	156 18 0	1989 12 1	2146 10 1	617 0 10	178 13 1	367 12 3	192 11 4	897 16 11	346 2 3	2610 4 8	815	..	70
Baggot-street Hospital,	..	..	..	124 7 0	641 12 7	765 19 7	317 5 6	132 6 0	103 10 0	75 3 3	..	137 14 10	765 16 9	422	..	52
Total of Class I. . . .	12828 13 0	8808 13 11	1415 7 6	1839 6 7	7238 5 0	20725 0 4	3889 12 5	1552 7 2	2083 15 2	912 19 8	2909 16 4	2853 15 4	19642 13 5	6855		675
CLASS II.																
Lock Hospital, ...	416 11 7	2900 0 0	..	..	..	2900 15 6	856 14 5	195 1 3	569 19 7	206 17 8	346 19 6	169 15 10	2345 8 3	688	..	..
Incurable Hospital, . .	225 9 0	625 3 7	200 0 0	27 2 0	779 10 8	1631 15 8	881 1 9	22 17 0	182 1 2	65 4 11	58 10 9	305 3 10	1632 0 0	4	..	77
Rotunda Lying-in Hospital, ...	2936 15 1	1647 2 8	..	..	2648 10 10	4295 13 6	1094 0 5	142 17 9	..	197 19 0	626 17 4	2596 18 2	4460 13 8	2360	..	140
Total of Class II. . . .	4134 2 11	5172 6 3	200 0 0	27 2 0	3428 1 6	8828 4 8	2831 16 7	360 16 0	752 0 9	470 1 7	1032 7 7	3071 17 10	8438 1 11	3052		
CLASS III.																
Cork-street Fever Hospital, ...	286 12 4	3824 7 8	..	318 4 0	511 11 0	4936 15 0	1715 3 5	262 12 3	1464 18 5	497 1 2	448 4 10	585 8 8	4973 8 9	3602	..	200
Fever wing of Meath-street Hospital, . .	..	813 10 5	..	..	..	813 10 5	280 3 3	134 17 3	180 11 10	75 3 2	33 16 6	20 16 8	725 8 8	697	..	36
Hardwicke Fever Hospital, ...	..	1961 14 0	..	..	..	1961 14 0	..	..	..	..	..	..	1961 14 0	1403	..	71
Total of Class III. . .	286 12 4	6599 12 1	..	318 4 0	511 11 0	7711 19 5	1995 6 8	397 9 6	1645 10 3	472 4 4	482 1 4	606 5 4	6660 11 5	5702		
Total of the three Classes, ...	17249 8 3	20580 12 2	1615 7 6	2374 12 7	11178 16 6	37265 4 5	8716 15 8	2310 12 8	4481 6 2	1855 5 7	4424 5 3	6532 9 0	34741 6 9	15609		

Name of the person		Address		Occupation		Remarks	
1	John Doe	123 Main St	New York	Teacher	Male	Single	
2	Jane Smith	456 Elm St	Chicago	Nurse	Female	Married	
3	Robert Brown	789 Oak St	Los Angeles	Engineer	Male	Single	
4	Mary White	101 Pine St	San Francisco	Writer	Female	Married	
5	James Black	202 Cedar St	Philadelphia	Doctor	Male	Single	
6	Elizabeth Green	303 Birch St	Boston	Artist	Female	Married	
7	William Hall	404 Spruce St	Seattle	Farmer	Male	Single	
8	Anna King	505 Willow St	Portland	Librarian	Female	Married	
9	Charles Lee	606 Ash St	San Diego	Merchant	Male	Single	
10	Grace Miller	707 Hickory St	Denver	Musician	Female	Married	
11	Frank Wilson	808 Sycamore St	San Jose	Lawyer	Male	Single	
12	Emily Taylor	909 Magnolia St	San Antonio	Homemaker	Female	Married	
13	George Adams	1010 Poplar St	San Luis Obispo	Scientist	Male	Single	
14	Patricia Baker	1111 Cypress St	San Bernardino	Journalist	Female	Married	
15	Richard Clark	1212 Dogwood St	San Clemente	Retired	Male	Married	
16	Susan Evans	1313 Redwood St	San Juan Capistrano	Teacher	Female	Married	
17	Thomas Fisher	1414 Juniper St	San Marcos	Engineer	Male	Single	
18	Linda Harris	1515 Fir St	San Dimas	Nurse	Female	Married	
19	Donald Jones	1616 Hemlock St	San Gabriel	Farmer	Male	Single	
20	Karen Miller	1717 Cypress St	San Antonio	Librarian	Female	Married	
21	Edward Wilson	1818 Sycamore St	San Diego	Lawyer	Male	Single	
22	Barbara Brown	1919 Magnolia St	San Jose	Homemaker	Female	Married	
23	Robert Taylor	2020 Dogwood St	San Luis Obispo	Scientist	Male	Single	
24	Michelle Davis	2121 Redwood St	San Bernardino	Journalist	Female	Married	
25	Christopher Lee	2222 Juniper St	San Marcos	Engineer	Male	Single	
26	Angela White	2323 Fir St	San Dimas	Nurse	Female	Married	
27	Gregory King	2424 Hemlock St	San Gabriel	Farmer	Male	Single	
28	Deborah Green	2525 Cypress St	San Antonio	Librarian	Female	Married	
29	Anthony Hall	2626 Sycamore St	San Diego	Lawyer	Male	Single	
30	Christina Miller	2727 Magnolia St	San Jose	Homemaker	Female	Married	
31	Steven Adams	2828 Dogwood St	San Luis Obispo	Scientist	Male	Single	
32	Kimberly Baker	2929 Redwood St	San Bernardino	Journalist	Female	Married	
33	Timothy Clark	3030 Juniper St	San Marcos	Engineer	Male	Single	
34	Heather Evans	3131 Fir St	San Dimas	Nurse	Female	Married	
35	Jonathan Fisher	3232 Hemlock St	San Gabriel	Farmer	Male	Single	
36	Stephanie Harris	3333 Cypress St	San Antonio	Librarian	Female	Married	
37	Benjamin Jones	3434 Sycamore St	San Diego	Lawyer	Male	Single	
38	Rebecca Miller	3535 Magnolia St	San Jose	Homemaker	Female	Married	
39	Samuel Wilson	3636 Dogwood St	San Luis Obispo	Scientist	Male	Single	
40	Victoria Brown	3737 Redwood St	San Bernardino	Journalist	Female	Married	
41	Patrick Taylor	3838 Juniper St	San Marcos	Engineer	Male	Single	
42	Wendy Davis	3939 Fir St	San Dimas	Nurse	Female	Married	
43	Christopher King	4040 Hemlock St	San Gabriel	Farmer	Male	Single	
44	Michelle Lee	4141 Cypress St	San Antonio	Librarian	Female	Married	
45	Gregory White	4242 Sycamore St	San Diego	Lawyer	Male	Single	
46	Christina Green	4343 Magnolia St	San Jose	Homemaker	Female	Married	
47	Steven Hall	4444 Dogwood St	San Luis Obispo	Scientist	Male	Single	
48	Kimberly Miller	4545 Redwood St	San Bernardino	Journalist	Female	Married	
49	Timothy Adams	4646 Juniper St	San Marcos	Engineer	Male	Single	
50	Heather Baker	4747 Fir St	San Dimas	Nurse	Female	Married	
51	Jonathan Clark	4848 Hemlock St	San Gabriel	Farmer	Male	Single	
52	Stephanie Evans	4949 Cypress St	San Antonio	Librarian	Female	Married	
53	Benjamin Fisher	5050 Sycamore St	San Diego	Lawyer	Male	Single	
54	Rebecca Harris	5151 Magnolia St	San Jose	Homemaker	Female	Married	
55	Samuel Jones	5252 Dogwood St	San Luis Obispo	Scientist	Male	Single	
56	Victoria King	5353 Redwood St	San Bernardino	Journalist	Female	Married	
57	Patrick Lee	5454 Juniper St	San Marcos	Engineer	Male	Single	
58	Wendy Miller	5555 Fir St	San Dimas	Nurse	Female	Married	
59	Christopher Brown	5656 Hemlock St	San Gabriel	Farmer	Male	Single	
60	Michelle Davis	5757 Cypress St	San Antonio	Librarian	Female	Married	
61	Gregory Evans	5858 Sycamore St	San Diego	Lawyer	Male	Single	
62	Christina Fisher	5959 Magnolia St	San Jose	Homemaker	Female	Married	
63	Steven Harris	6060 Dogwood St	San Luis Obispo	Scientist	Male	Single	
64	Kimberly Jones	6161 Redwood St	San Bernardino	Journalist	Female	Married	
65	Timothy King	6262 Juniper St	San Marcos	Engineer	Male	Single	
66	Heather Lee	6363 Fir St	San Dimas	Nurse	Female	Married	
67	Jonathan Miller	6464 Hemlock St	San Gabriel	Farmer	Male	Single	
68	Stephanie Adams	6565 Cypress St	San Antonio	Librarian	Female	Married	
69	Benjamin Baker	6666 Sycamore St	San Diego	Lawyer	Male	Single	
70	Rebecca Clark	6767 Magnolia St	San Jose	Homemaker	Female	Married	
71	Samuel Evans	6868 Dogwood St	San Luis Obispo	Scientist	Male	Single	
72	Victoria Fisher	6969 Redwood St	San Bernardino	Journalist	Female	Married	
73	Patrick Harris	7070 Juniper St	San Marcos	Engineer	Male	Single	
74	Wendy Jones	7171 Fir St	San Dimas	Nurse	Female	Married	
75	Christopher King	7272 Hemlock St	San Gabriel	Farmer	Male	Single	
76	Michelle Lee	7373 Cypress St	San Antonio	Librarian	Female	Married	
77	Gregory Miller	7474 Sycamore St	San Diego	Lawyer	Male	Single	
78	Christina Brown	7575 Magnolia St	San Jose	Homemaker	Female	Married	
79	Steven Davis	7676 Dogwood St	San Luis Obispo	Scientist	Male	Single	
80	Kimberly Evans	7777 Redwood St	San Bernardino	Journalist	Female	Married	
81	Timothy Fisher	7878 Juniper St	San Marcos	Engineer	Male	Single	
82	Heather Harris	7979 Fir St	San Dimas	Nurse	Female	Married	
83	Jonathan Jones	8080 Hemlock St	San Gabriel	Farmer	Male	Single	
84	Stephanie King	8181 Cypress St	San Antonio	Librarian	Female	Married	
85	Benjamin Lee	8282 Sycamore St	San Diego	Lawyer	Male	Single	
86	Rebecca Miller	8383 Magnolia St	San Jose	Homemaker	Female	Married	
87	Samuel Brown	8484 Dogwood St	San Luis Obispo	Scientist	Male	Single	
88	Victoria Clark	8585 Redwood St	San Bernardino	Journalist	Female	Married	
89	Patrick Evans	8686 Juniper St	San Marcos	Engineer	Male	Single	
90	Wendy Fisher	8787 Fir St	San Dimas	Nurse	Female	Married	
91	Christopher Harris	8888 Hemlock St	San Gabriel	Farmer	Male	Single	
92	Michelle Jones	8989 Cypress St	San Antonio	Librarian	Female	Married	
93	Gregory King	9090 Sycamore St	San Diego	Lawyer	Male	Single	
94	Christina Lee	9191 Magnolia St	San Jose	Homemaker	Female	Married	
95	Steven Miller	9292 Dogwood St	San Luis Obispo	Scientist	Male	Single	
96	Kimberly Brown	9393 Redwood St	San Bernardino	Journalist	Female	Married	
97	Timothy Clark	9494 Juniper St	San Marcos	Engineer	Male	Single	
98	Heather Evans	9595 Fir St	San Dimas	Nurse	Female	Married	
99	Jonathan Fisher	9696 Hemlock St	San Gabriel	Farmer	Male	Single	
100	Stephanie Harris	9797 Cypress St	San Antonio	Librarian	Female	Married	

TABLE.—No. II.

Showing the Proportion of Intern Patients admitted into each of eight Dublin Infirmaries, from certain defined Districts, and a given Population, in one Year.

Name of Infirmary.	Admitted from District No. I. viz., Dublin and suburbs.	From District No. II. viz., a circle of country five miles around Dublin.	From District No. III. beyond five miles of Dublin.	Total number of Interns admitted in one year.	Probable population of No. I. District.	Probable population of No. II. District.
Jervis-street Hospital, ...	523	92	119	734	265,000	50,000
Mercer's Hospital, ...	561	66	94	721		
Steevens' Hospital, ...	682	126	424	1232		
Richmond Surgical Hospital, .	779	120	527	1426		
Whitworth Chronic Hospital,	263	36	538	837	Proportion of admissions from District No. I. to the whole population.	Proportion of admissions from District No. II. to the whole population.
Sir Patrick Dun's Hospital, .	732	67	60	859		
Baggot-street Hospital, . . .	255	50	117	422		
New Meath Hospital, ...	221	222	443	886		
	4016	779	2322	7117	1 to 63 $\frac{3}{4}$.	1 to 64.



TABLE.—No. III.

Income of County Infirmaries in 1828.

Expenditure, &c. of County Infirmaries in 1828.

	Property.	Balances and Produce.	Parliamentary Grants.	County Pre-sentments.	Donations and Life Sub-scriptions.	Contingencies.	Total.	Provisions.	Medicines.	Fuel and Soap.	Salaries.	Furniture and Repairs.	Rent, &c.	Contingencies.	Total Expen-diture.	INTERN PATIENTS.			ROOMS, WARDS, AND BEDS.	
																Total re-maining and ad-mitted.	Died and dis-charged.	Remain-ing.	Wards.	Beds.
Total of thirty County Hos-pitals, ...	£ s. d. 21308 7 7	£ s. d. 7588 8 0	£ s. d. 2689 3 2	£ s. d. 14912 12 11	£ s. d. 589 19 11	£ s. d. 1524 12 11	£ s. d. 48725 5 4	£ s. d. 8086 16 10	£ s. d. 2860 8 8	£ s. d. 1320 0 7	£ s. d. 6001 4 8	£ s. d. 2156 8 0	£ s. d. 302 13 10	£ s. d. 1353 12 4	£ s. d. 22372 14 2	8046	7148	898	227	1052
Total of the County Dublin, or Meath Hospital, . . .	4058 6 0	151 13 0	88 19 10	553 16 10	272 13 4	281 18 3	5407 7 3	409 11 1	218 14 3	139 4 8	316 3 5	83 10 5	..	70 4 5	1237 8 8	814	761	53	13	55
Total of thirty-one County Hospitals, the County of Waterford having no In-firmary, ...	25366 7 7	7740 1 0	2778 3 0	15466 9 9	862 13 3	1806 11 2	54132 12 7	8496 7 11	3079 3 4	1459 5 3	6317 10 1	2239 18 5	302 13 10	1423 16 9	23610 2 10	8960	8009	951	240	1107

INTERN PATIENTS.			ROOMS, WARDS, AND BEDS.	
Total re maining and ad- mitted.	Died and dis- charged.	Remain- ing.	Wards.	Beds.
8046	7148	898	227	1052
814	761	53	13	55
8960	8009	951	240	1107

TABLE.—No. IV.

INCOME.

General Table of Property in Cash and Securities, &c., and Income of the County Infirmaries of Ireland, for the Year 1829.

COUNTIES.	Vested Balances.	Interest thereon to 5th January, 1830.	Floating Balances on 5th January, 1829.	Interest thereon to 5th January, 1830.	Rents and Rent Charges.	Donations and Life Subscriptions.	Annual Subscriptions for 1829.	Arrears of Subscriptions received in 1829.	Arrears of Rent, &c. received in 1829.	Parliamentary Grants of Tolls and Poundage for 1829.	Grand Jury Presentments for both As-sizes of 1829.	Contingen-cies received during 1829.	Total Income of the year.
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Carlow, ...	..	..	..	..	23 4 6	..	..	47 5 0	..	89 1 9	200 0 0	..	359 11 3
Kildare, ...	..	..	127 15 7	..	..	15 15 0	2 2 0	..	..	89 1 10	642 6 2	15 6 6	892 7 1
Kilkenny, ...	1750 0 0	67 17 7	451 15 10	..	..	..	11 11 0	3 3 0	..	89 1 1	430 9 5	11 16 6	1065 14 5
King's County, . .	..	..	..	..	..	154 2 9	25 1 0	..	..	..	553 16 11	7 19 0	740 19 8
Longford, ...	..	..	159 13 7	..	41 10 9	..	14 14 0	..	..	89 10 9	500 0 0	7 18 0	813 7 1
Louth, ...	2002 14 7	77 0 3	..	..	..	41 0 0	25 4 0	3 3 0	..	89 1 2	461 7 8	5 13 10	702 9 11
Meath, ...	..	..	378 18 10	..	..	15 15 0	6 6 0	..	..	93 1 10	553 17 0	11 19 6	1059 18 2
Queen's County, . .	..	..	189 16 5	..	2 15 5	96 8 0	173 16 9	6 6 0	..	89 1 9	646 3 1	87 4 8	1291 12 1
Westmeath, ...	314 4 2	12 11 4	256 4 3	..	..	42 14 6	12 12 0	..	..	88 19 9	461 10 9	..	874 12 7
Wexford, ...	664 11 5	73 15 11	332 10 3	3 0 0	..	105 0 0	20 3 0	..	..	89 1 10	600 0 0	50 16 6	1274 7 6
Wicklow, No. 1, . .	1258 3 0	50 6 6	3 14 3	..	..	104 2 0	15 17 0	..	..	89 1 8	276 18 5	10 1 7	550 1 5
Wicklow, No. 2, . .	..	..	..	..	..	..	34 13 0	..	..	..	276 18 6	10 1 7	321 13 1
Antrim, ...	300 0 0	23 0 4	291 15 2	..	..	106 16 9	6 6 0	12 12 0	..	89 10 9	369 4 8	64 7 1	963 12 9
Armagh, ...	1650 0 0	98 10 10	..	..	..	115 8 2	100 16 0	12 12 0	..	89 1 10	217 6 2	32 19 6	666 14 0
Cavan, ...	2200 0 0	100 12 5	..	..	40 0 0	..	6 6 0	3 3 0	..	92 15 4	461 10 9	15 18 11	720 6 5
Donegal, ...	727 13 10	..	..	..	..	..	6 6 0	..	..	89 1 10	650 0 0	4 15 6	934 9 4
Down, ...	3285 13 11	113 19 9	46 6 3	..	..	21 0 0	6 6 0	..	..	89 10 9	461 10 9	53 18 6	1167 19 0
Fermanagh, ...	1846 3 1	92 6 2	57 7 7	..	..	378 0 0	35 5 3	..	..	97 0 0	500 0 0	1 8 6	1012 5 3
Londonderry, . . .	300 0 0	16 12 4	397 4 5	..	..	..	..	..	..	92 6 1	665 8 6	178 19 2	1375 16 0
Monaghan, ...	..	..	10 12 2	..	..	113 15 0	152 14 0	69 15 0	92 6 1	89 10 9	200 0 0	..	929 1 2
Tyrone, ...	3692 6 2	155 1 6	373 13 6	..	110 15 5	..	..	..	..	89 1 9	538 9 3	12 10 0	844 18 6
Clare, ...	3093 11 6	108 5 6	..	..	..	84 0 0	12 12 0	..	..	89 10 10	553 16 11	9 14 4	861 13 7
Cork, ...	..	..	185 13 6	..	..	..	22 18 0	..	..	89 1 10	320 0 0	23 17 6	1003 4 4
Kerry, ...	..	..	478 2 0	..	..	..	37 11 0	54 12 0	..	89 10 9	500 0 0	14 10 0	640 1 3
Limerick, ...	..	..	36 0 0	..	..	..	..	..	..	89 1 10	553 17 0	4 8 0	1143 2 7
Tipperary, ...	2795 7 9	162 16 4	163 6 2	..	18 9 3	42 0 0	71 8 0	37 16 0	..	89 1 10	600 0 0	11 15 6	810 3 7
Galway, ...	..	..	57 19 3	..	..	..	31 8 0	19 19 0	..	89 1 9	553 16 11	23 10 0	764 3 9
Leitrim, ...	1104 4 1	22 4 6	72 7 7	..	..	..	3 3 0	..	..	89 1 8	553 16 7	26 1 0	672 2 3
Mayo, ...	..	..	..	..	..	..	3 3 0	..	..	88 15 8	461 10 10	27 18 10	1651 8 3
Roscommon, ...	4892 6 2	293 10 10	589 5 10	16 2 9	..	21 0 0	15 0 0	5 0 0	133 3 6	89 1 10	600 0 0	5 18 6	1018 14 2
Sligo, ...	84 0 0	1 10 6	..	..	92 6 2	84 0 0	47 5 0	6 6 0	92 6 2	89 1 10	553 16 11	4 12 6	780 16 0
Total of thirty-one Infirmaries,	32140 19 8	1470 2 7	1719 2 8	19 2 9	329 1 6	1540 17 2	894 1 0	348 17 0	327 15 9	2604 12 4	14817 13 2	735 14 6	27907 6 5

PART 2.—Showing the Income, &c., of Infirmaries for Counties of Cities and Towns.

	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
North Cork Infirmary, ...	1225 6 10	80 6 10	226 4 10	..	..	9 4 7	103 15 3	..	..	44 10 11	230 15 4	536 5 4	1231 3 3
South Cork, do.	..	..	98 16 8	..	..	52 7 5	266 14 0	..	..	44 10 11	230 15 4	228 18 7	922 3 0
Drogheda, do.	1384 12 3	20 15 4	27 10 1	..	..	..	42 0 0	..	..	92 6 1	92 6 1	137 18 0	392 0 5
Limerick City, do.	..	..	..	..	..	..	..	..	..	92 6 1	..	..	453 0 9
Total of Infirmaries for Counties, Cities, and Towns, ...	34750 18 9	1471 4 9	2071 14 3	19 2 9	329 1 6	1540 17 2	894 1 0	384 17 0	327 15 9	2696 18 0	15371 9 11	1640 12 5	32184 11 9
Dublin County Infirmary, ...	3758 9 5	151 13 0	..	..	..	236 11 10	243 1 5	3 3 0	..	89 1 10	553 16 10	1 16 0	1278 17 11
Total of all the Infirmaries for Counties, Cities and Towns,	38509 8 2	1622 17 9	2071 14 3	19 2 9	329 1 6	1777 9 0	1137 2 5	388 0 0	327 15 9	2786 0 3	15925 6 9	1642 8 5	33463 9 8

TABLE I		TABLE II	
Year	Population	Year	Population
1850	1,000,000	1850	1,000,000
1860	1,200,000	1860	1,200,000
1870	1,400,000	1870	1,400,000
1880	1,600,000	1880	1,600,000
1890	1,800,000	1890	1,800,000
1900	2,000,000	1900	2,000,000
1910	2,200,000	1910	2,200,000
1920	2,400,000	1920	2,400,000
1930	2,600,000	1930	2,600,000
1940	2,800,000	1940	2,800,000
1950	3,000,000	1950	3,000,000
1960	3,200,000	1960	3,200,000
1970	3,400,000	1970	3,400,000
1980	3,600,000	1980	3,600,000
1990	3,800,000	1990	3,800,000
2000	4,000,000	2000	4,000,000

TABLE.—No. V.

PART 1.

Expenditure of the County Infirmaries of Ireland, shewing their Expenses in detail, the Number of Days' Support afforded to Patients, the average Expense per Patient per Day, &c., for 1829.

COUNTIES.	Provisions.	Wines, Spirits, and Malt Liquors.	Medicines.	Surgical Instruments.	Fuel.	Soap.	Candles and Lamp Oil.	Repairs on Furniture, Bedding, &c.	New articles of Furniture, Bedding, &c.	Repairs in Building.	Rent.	Taxes.	Salaries and Wages.	Contingent Expenses not included in the foregoing.	Total.	Total Number of Days' Support given Patients.	Average Expense per Patient per Day.	No. of Wards.	No. of Beds.	Remain- ing on 5th January, 1829.	Admit- ted during the Year.	Total.	Dis- charged.	Died.	Remain- ing on 5th January, 1830.	Extern Patients.
Carlow, ...	£ s. d. 150 17 4	£ s. d. 10 7 8	£ s. d. 29 16 6	£ s. d.	£ s. d. 17 6 0	£ s. d. 2 3 9	£ s. d. 2 5 0	£ s. d. 1 16 6	£ s. d. 1 19 3	£ s. d. 6 1 7	£ s. d. 21 0 0	£ s. d.	£ s. d. 124 3 4	£ s. d. 24 0 1	£ s. d. 391 17 0	4883	£ s. d. 0 1 7	3	18	11	119	130	111	8	11	361
Kildare, ...	206 0 5	..	49 15 3	..	40 0 0	7 19 0	9 2 5	6 12 6	36 3 0	8 9 7	..	..	264 19 1	25 13 6	654 14 9	7995	0 1 7	9	32	32	238	270	228	9	33	2452
Kilkenny, ...	295 10 2	1 2 2	7 3 3	3 1 0	23 11 4	2 12 0	5 4 9	7 2 4	24 15 5	14 9 9	..	..	238 10 6	26 18 8	650 1 4	13993	0 0 11	4	40	37	422	459	389	28	42	1057
King's County, . .	245 13 5	15 15 6	25 5 4	2 7 4	48 4 1	..	10 9 11	..	37 14 10	6 5 8	..	..	222 7 0	16 17 3	630 10 4	11090	0 1 1	13	35	30	378	408	365	11	32	6296
Longford, ...	204 8 1	..	68 19 10	..	59 8 1	1 13 0	3 2 8	59 5 6	21 0 0	100 1 6	..	..	170 1 1	25 11 1	713 10 10	no return	..	6	28	18	228	246	230	2	14	9152
Louth, ...	48 5 5	..	..	71 12 1	34 1 7	..	9 8 2	7 16 8	28 10 10	..	..	..	166 5 11	23 10 0	389 10 8	2634	0 2 11	3	18	9	103	112	99	4	9	1030
Meath, ...	241 3 4	6 8 2	..	140 9 2	39 17 10	3 16 0	9 6 8	..	31 19 8	26 4 2	..	..	224 10 6	48 5 0	772 0 6	..	..	5	27	23	253	276	and	253	22	3084
Queen's County, .	313 2 9	41 11 6	198 17 1	0 8 4	83 7 1	10 16 3	6 1 0	25 13 11	9 1 4	21 11 3	23 11 6	1 4 6	372 19 5	46 18 8	1160 4 7	12807	0 1 9	10	38	41	466	507	448	19	40	8531
Westmeath, ...	169 8 0	2 1 4	36 13 8	14 17 0	38 17 7	4 16 0	4 6 10	0 18 6	..	5 10 6	..	..	202 10 8	44 17 6	524 17 7	..	..	6	32	28	279	307	272	7	28	3355
Wexford, ...	416 11 6	19 1 6	251 14 0	..	44 10 0	..	25 7 3	8 14 3	38 5 1	19 19 5	..	..	177 15 7	26 17 5	1028 16 0	11672	0 1 9	12	36	24	245	269	and	240	29	924
Wicklow, No. 1, .	125 3 9	8 10 6	94 12 6	..	19 11 4	3 1 0	5 16 8	13 13 4	2 8 0	2 15 3	..	..	143 13 3	16 3 6	435 9 1	4662	0 1 10	4	12	8	109	117	103	6	8	200
Wicklow, No. 2, .	63 0 1	0 14 6	20 10 0	5 8 2	13 4 10	4 6 1	..	0 18 10	4 4 0	2 10 0	..	..	108 6 0	8 16 2	231 18 8	..	..	2	10	8	55	63	51	3	9	..
Antrim, ...	158 5 5	9 2 0	96 19 8	14 15 0	30 7 6	..	9 11 0	22 13 0	16 5 0	134 1 2	2 13 11	..	175 1 11	141 4 3	810 19 10	..	..	14	40	27	273	300	249	9	42	1137
Armagh, ...	269 6 9	5 11 9	72 1 7	11 2 3	81 10 6	17 3 4	4 9 7	..	18 1 6	248 15 4	10 3 1	6 3 7	237 6 2	109 0 8	1090 15 8	..	..	4	35	33	383	416	410	6	35	2223
Cavan, ...	279 5 1	6 1 4	..	99 9 6	37 7 0	4 17 2	6 7 6	40 8 11	1 13 5	..	8 10 4	..	188 19 10	56 7 6	729 7 7	10915	0 1 4	7	34	26	293	319	285	8	26	1629
Donegal, ...	422 4 3	0 8 2	53 17 10	..	94 11 4	3 5 7	2 12 0	..	35 0 2	45 10 6	..	..	178 0 0	64 5 10	899 15 8	..	..	5	65	56	181	237	and	172	65	1400
Down, ...	216 6 2	40 12 9	15 6 4	6 12 0	35 12 6	2 0 0	8 14 8	18 18 9	..	2 18 3	..	..	156 18 3	97 9 8	601 9 4	5688	0 2 1	4	23	18	130	148	121	7	20	1544
Fermanagh, ...	202 9 11	6 5 6	60 5 9	..	114 16 4	6 19 0	8 6 5	1 10 0	30 8 4	47 11 11	8 16 0	..	183 1 6	109 2 0	779 12 8	10683	0 1 5	8	38	26	195	221	189	7	25	1040
Londonderry, . . .	632 16 4	10 4 0	66 17 4	..	67 0 4	41 14 10	4 9 1	..	15 14 3	148 16 8	..	..	262 13 8	107 10 1	1357 16 7	11788	0 2 3	11	83	38	254	292	229	9	54	..
Monaghan, ...	285 15 7	1 11 7	50 3 6	..	36 9 7	..	15 1 6	0 1 8	8 0 4	34 19 6	..	..	177 11 6	28 10 2	638 1 11	10510	0 1 2	5	36	32	192	224	188	and	36	224
Tyrone, ...	400 1 3	4 1 0	56 14 6	..	79 9 0	7 5 10	3 18 0	13 0 8	30 9 1	25 1 9	7 7 2	..	144 9 5	57 11 2	829 12 4	14662	0 1 1	8	25	34	204	238	186	10	42	8441
Clare, ...	270 1 7	1 17 6	98 3 4	..	26 5 9	3 2 2	3 6 6	..	2 2 2	7 11 0	8 6 0	..	199 4 6	38 4 3	658 6 9	13172	0 0 11	8	40	38	416	454	411	5	38	4006
Cork, ...	163 19 2	3 15 10	127 6 5	..	28 11 5	1 10 0	3 8 3	0 11 0	5 1 2	11 2 1	..	..	135 5 11	14 8 0	494 19 3	7559	0 1 3	6	30	20	326	346	and	326	20	1933
Kerry, ...	189 3 2	6 11 11	62 14 1	..	23 8 0	2 3 4	6 15 0	0 4 0	0 11 5	..	47 8 6	..	216 3 5	15 11 6	570 14 4	..	..	9	23	22	273	295	270	3	22	1732
Limerick, ...	309 11 1	7 5 0	133 6 7	..	63 9 6	18 9 5	12 4 4	..	..	2 1 9	22 16 4	..	335 7 10	96 10 10	1001 2 8	18150	0 1 6	16	61	53	491	544	482	11	51	..
Tipperary, ...	193 3 6	7 17 4	249 5 4	..	40 11 10	3 11 5	3 6 6	2 0 8	34 2 10	17 15 3	..	..	219 1 6	22 0 5	792 16 7	18317	0 1 10	5	22	24	272	296	258	11	27	6056
Galway, ...	314 0 2	2 12 0	36 6 10	..	42 18 0	5 8 0	0 7 0	10 8 2	28 3 0	50 0 0	..	..	201 9 10	18 3 9	710 6 9	..	..	10	41	37	196	233	and	197	36	375
Leitrim, ...	166 9 1	19 0 6	64 0 4	0 6 6	76 5 5	..	13 7 10	..	6 3 10	66 18 7	9 9 10	..	210 18 2	11 13 1	644 13 2	10500	0 1 2	4	32	28	284	312	282	4	26	..
Mayo, ...	267 3 2	4 18 10	62 13 4	14 3 2	64 19 5	3 18 0	6 2 8	4 14 1	16 19 7	123 19 8	25 14 4	..	290 15 0	89 10 4	975 11 7	9659	0 2 0	5	27	23	320	343	313	6	24	21
Resconnon, ...	298 6 6	25 3 7	110 16 2	1 9 2	57 9 2	3 7 10	3 5 3	4 14 2	49 15 5	40 12 6	7 1 1	9 5 2	200 6 8	56 6 8	867 19 4	14074	0 1 2	8	44	44	335	379	336	7	36	16200
Sligo, ...	224 9 6	2 14 10	170 3 5	..	58 18 7	5 10 6	5 2 8	0 1 2	17 1 11	45 12 5	21 0 0	..	222 0 4	10 14 2	783 9 6	9379	0 1 8	6	36	29	213	242	and	218	24	1051
Total of thirty-one County Infirmaries.	7742 1 11	271 0 3	2370 9 4	386 0 8	1521 17 11	171 9 6	211 7 1	252 8 7	551 18 10	1267 7 0	229 0 7	16 13 3	6350 17 7	1478 13 2	22821 2 10	..	£ s. d. 0 1 6 ² ₄	226	1061	877	8126	9003	..	..	926	84454

PART 2.*—Showing the Expenditure, &c., of four Infirmaries of Cities and of Towns.

																Patient.													
North Cork Infirmary, ...	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
189 8 2	..	114 2 2	..	..	..	and	52 8 1	69 4 11	..	..	..	..	205 14 11	43 13 3	674 11 6	3 1 10 ¹ ₂	..	28	8	218	226	196	11	19	11365				
South Cork do.	276 10 2	..	310 3 11	..	..	and	40 18 3	37 2 10	..	..	..	..	128 6 5	45 1 9	838 4 5	3 10 8	..	28	24	237	261	223	14	24	9814				
Drogheda do. . .	107 19 4	..	58 15 10	..	..	..	15 15 0	27 2 5	..	..	..	..	185 5 5	53 12 10	448 9 11	6 1 2	..	10	9	74	83	65	7	11	4306				
Limerick City do.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	425 14 0	12775	0 18 0	..	35	33	474	507	473	35	34	..			
Total of Counties of Cities, and Towns, . .	673 17 8	..	483 1 11	..	..	..	108 11 4	134 10 2	..	..	..	..	519 5 10	142 7 10	2386 19 10	..	..	..	101	74	1003	1077	957	..	88	26485			
Dublin County Infirmary, . . .	451 10 0	29 11 0	208 16 5	0 15 0	75 0 0	and	39 15 6	and	66 10 5	15 3 11	..	..	282 3 6	133 16 0	1308 1 9	20823	0 1 3 per day.	..	55	49	804	853	755	45	53	40000			
Grand total of Counties, Cities, and Counties of Towns, . .	8877 9 7	300 12 5	3062 7 8	386 15 8	1596 17 11	171 9 6	359 13 11	386 18 9	618 9 3	1282 10 11	229 0 0	16 13 3	7152 6 11	1754 17 0	26516 3 5	..	..	..	1217	1000	9933	9933	..	..	1067	125939			

* Part 2 is not in the Report of the Board of Health, but the returns for the North and South Cork Infirmaries, and for the Drogheda, are taken from other official documents; that which relates to the Barrington (city of Limerick) Hospital, has been supplied me by the very intelligent Apothecary of that institution, Mr. Allen, to whom I am under considerable obligations for the valuable information he has given me.



TABLE.—No. VI.

Shewing the Number of Intern Patients admitted into eighteen County Infirmaries, and five Infirmaries of Cities and Towns, in one year, the Number supplied by certain defined Districts, and the Proportion they bear to the Population of such Districts.

PART 1.—County Infirmaries.

Name of Provincial Infirmary or Hospital.	Admitted from District No. 1, within five miles of the Hospital.	Admitted from District No. 2, the entire county, outside five miles from Hospital.	Total Interns in one year.	Probable population of District No. 1.	Probable population of District No. 2.	Proportion of admissions from District No. 1, to its population.	Proportion of admissions from District No. 2, to its population.	Proportion of total admissions to total population.
Roscommon Infirmary, ...	142	210	352	28000	221613	1 to 200	1 to 1055	
Londonderry Infirmary, ...	142	142	284	35130	186882	1 to 247	1 to 1316	
Baltinglass* Infirmary, ...	38	3	41	26670	34108	1 to 700	1 to 11369	
Tyrone Infirmary, ...	90	144	234	27211	277257	1 to 302	1 to 1952	
Kilkenny Infirmary, ...	210	211	421	48741	144915	1 to 232	1 to 682	
South Cork† Infirmary, ...	119	220	339	110000	241853	1 to 925	1 to 1100	
Tipperary Infirmary, ...	73	166	239	31971	371363	1 to 451	1 to 2249	
Wexford Infirmary, ...	130	130	260	35673	147040	1 to 274	1 to 1108	
Queen's County Infirmary, ...	412	248	660	28323	116528	1 to 69	1 to 470	
Fermanagh Infirmary, ...	144	48	192	31056	118707	1 to 217	1 to 2475	
Cork County (Mallow) Infirmary,	182	129	311	30229	321629	1 to 166	1 to 2493	
Louth Infirmary, ...	105	70	175	35978	65503	1 to 324	1 to 925	
Meath (Navan) Infirmary, ...	191	46	237	29416	147416	1 to 159	1 to 3204	
Clare Infirmary, ...	297	119	416	35000	223342	1 to 118	1 to 1036	
Carlow Infirmary, ...	100	60	160	35000	46576	1 to 350	1 to 776	
Kerry Infirmary, ...	231	57	288	35000	229559	1 to 151	1 to 4029	
King's County Infirmary, ...	134	244	378	32000	112029	1 to 231	1 to 464	
Longford Infirmary, ...	105	123	228	30000	82391	1 to 286	1 to 670	
Total	2845	2370	5215	665398	3088714	1 to 244	1 to 1450	1 to 741

PART 2.—City or Town Infirmaries.

Limerick City Infirmary, ...	457	..	457	66554	..	1 to 146	..	
Waterford (City) Leper Hospital, .	405	21	426	30000	147054	1 to 74	1 to 7000	
North Cork Infirmary, ...	218	..	218	110000	..	1 to 504	..	
Drogheda (Town) Infirmary, . . .	65	33	98	17365	25000	1 to 267	1 to 757	
Belfast Infirmary, ...	369	123	492	53287	30000	1 to 144	1 to 244	
Total of City and Town Infirmaries, ...	1514	177	1691	277206	202054	1 to 183	1 to 1141	1 to 283
Total of County, City, and Town Infirmaries, ...	4359	2547	6906	942604	3290768	1 to 216	1 to 1252	1 to 613

* As there are two Infirmaries in the County Wicklow, I have calculated the Baltinglass branch for only half the population of the County.

† As the South Cork Infirmary admits patients from the County, I have assigned half the population of the latter to District No. 2, the other half to the same District in reference to the Mallow Infirmary.



TABLE.—No. VII.

A Statistical Report of the principal Provincial Hospitals in England, computed with reference to the latest Annual Returns of the respective Institutions—(Abbreviated from the Rev. Mr. Oxenden's Report)—Hospital Year, 1830.

Name of Hospital.	Number of Intern Patients remaining on the Books.	Number of Intern Patients admitted.	Total number of Intern Patients under Treatment.	Number of Out Patients on the Books from preceding Year.	Number of Out Patients admitted.	Total number of Out Patients under Treatment.	Number of Intern Patients discharged cured.	Number of Intern Patients discharged, relieved, irregular, &c.	Number of Intern Patients discharged incurable.	Number of Intern Patients died.	Average number of Intern Patients on the Books daily.	Average number of Days under Treatment.	In 100 Cases, the Proportion cured.	In 100 Cases, the Proportion died.	Average Proportion of Intern Patients to Medical Officers.	Total Salaries to Chaplain, Secretary, House-surgeon, (or Apothecary,) Matron, &c.	Total Wages to Brewer, Baker, Porters, Nurses, Servants, &c.	Total Household Provisions, including Meat, Bread, But-ter, Cheese, Milk, Groceries, Coals, Malt, Hops, &c.	Total Drugs, including Leech- es, Wine, Spirits, Trusses, Instruments, Phials, Ban- dages, &c.	For Shaving Intern Patients.	Ordinary Sundries.	Total ordinary Expenditure.	Buildings, Repairs, Furni- ture, &c.	Grand total Expenditure.	Number of Beds.	Number of Physicians and Surgeons.	Number of Individual Sub- scribers.	Amount of Individual Sub- scriptions.	Number of Parish and Corpo- rate Subscriptions.	Amount of Parish and Corpo- rate Subscriptions.	Each Subscriber of Two Guineas may recommend Annually,	Cost of Beer for Household Use.	Cost of Meat.	Cost of Bread.	Number of Leeches.	Cost of Leeches.	Cost of Drugs <i>only</i> , exclusive of Leeches, Wine, &c. &c.
Bath United Hospital, .	40	503	543	400	9798	10198	336	119	..	33	39	29 ¹¹ / ₁₂	70	61 ¹¹ / ₁₂	90	290*	122	864	628	3	125	2034	245	2280	62	6	600	921	5	11	12 patients indiscriminately.	95	209	190	5504	48	379
Birmingham Hospital, .	131	1556	1687	350	2440	2790	1067	415	22	68	141	32 ³⁵ / ₁₀₀	60 ¹ / ₂	4 ¹ / ₁₀	211	255	290	2538	631	..	113	3228	351	4180	163	8	836	1663	32	134	2 I. P. and 2 O. P.	444	782	567	..	..	492
Bristol Hospital, ...	206	1689	1895	509	4633	5142	494	1033	..	160	195	42 ¹ / ₁₀	29 ¹ / ₁₀	9 ¹ / ₁₀	210 ¹ / ₂	415	447	2466	1501	..	200	5030	996	6026	200	9	1040	2334	53	192	No restriction enforced.	441	766	422	37300	118	544
Bury (Suffolk) Hospital, .	25	273	298	66	463	519	140	96	12	7	34	48 ¹ / ₁₀	80 ¹ / ₁₀	2 ¹ / ₁₀	74 ¹ / ₁₀	125	114	807	130	9	61	1248	260	1508	50	4	530	896	49	117	1 I. P. & 2 O. P.	100	184	191	7000	32	62
Cambridge Hospital, . . .	51	678	729	168	1482	1550	263	390	..	17	60	32 ¹ / ₁₀	39 ¹ / ₁₀	2 ¹ / ₁₀	121 ¹ / ₁₀	151	129	973	693	18	106	2071	309	2351	100	6	533	966	89	252	2 I. P. & 4 O. P.	120	270	290	7650	45	528
Canterbury Hospital, . . .	58	444	502	116	888	1004	347	491	1	19	57	46 ¹ / ₁₀	41 ¹ / ₁₀	3 ¹ / ₁₀	84	220	170	1086	357	8	53	1896	187	2084	65	6	386	978	149	436	1 I. P. & 2 O. P.	122	320	219	5285	23	234
Chester Hospital, ...	78	591	669	160	2514	2674	374	185	10	21	62	32 ¹ / ₁₀	63 ¹ / ₁₀	3 ¹ / ₁₀	112	192	166	1302	338	7	61	2069	173	2242	100	6	304	902	34	114	2 I. P. & O. P. unlimited.	176	200	199	4500	26	210
Derby Hospital, ...	71	584	655	184	666	850	339	218	17	18	61	37 ¹ / ₁₀	51 ¹ / ₁₀	3 ¹ / ₁₀	109	190	197	1257	357	6	210	2219	454	2673	79	6	311	1047	53	142	1 I. P. & 6 O. P.	85	298	255	6000	27	241
Exeter Hospital, ...	185	1002	1187	245	1329	1674	..	..	..	40	182	60 ¹ / ₁₀	..	4	150	30	498	2101	522	..	95	3318	434	3652	200	8	736	2137	15	84	2 I. P.	169	425	458	..	..	302
Gloucester Hospital, . . .	145	543	688	134	306	440	343	141	..	31	147	101 ¹ / ₁₀	65 ¹ / ₁₀	4 ¹ / ₁₀	136	190	278	1849	618	..	93	3029	868	3898	170	4	526	1714	96	165	1 I. P. or 4 O. P.	438	505	406	7999	83	302
Hereford Hospital, ...	35	300	335	152	538	690	67	210	..	11	33	41 ¹ / ₁₀	23 ¹ / ₁₀	3 ¹ / ₁₀	84	195	79	626	153	..	28	1069	289	1359	52	4	317	679	5	15	2 I. P. & 2 O. P.	103	188	106	1450	6	94
Leeds Hospital, ...	202	1223	1425	788	3352	4140	655	425	11	46	115	36 ¹ / ₁₀	57 ¹ / ₁₀	4	238	191	251	1949	1103	16	105	3616	421	4037	124	6	884	2230	34	153	1 I. P. or 2 O. P.	328	366	434	6000	28	587
Leicester Hospital, ...	154	853	1007	258	1822	2080	636	117	..	25	60	28 ¹ / ₁₀	81 ¹ / ₁₀	3 ¹ / ₁₀	240	260	138	1464	646	7	109	2618	461	3082	99	4	450	1233	93	221	2 I. P. & 8 O. P., or 20 O. P.	303	345	478	4125	24	439
Lincoln Hospital, ...	28	270	298	35	115	150	..	..	..	..	..	..	..	..	..	..	262	628	57	..	25	973	587	1560	55	6	155	426	91	203	2 I. P. & 4 O. P.	79	173	137	..	..	45
Manchester Hospital, . . .	137	1549	1686	2113	15152	17265	504	948	10	87	143	33 ² / ₁₀	35 ¹ / ₁₀	5 ¹ / ₁₀	140	496	494	2594	3907	14	431	7938	1063	9001	184	12	1082	4318	35	310	2 O. P. & 2 Home P.	159	456	433	63000	328	1848
Newcastle Hospital, . . .	108	1100	1208	187	728	915	947	115	..	28	..	87	67 ¹ / ₁₀	2 ¹ / ₁₀	150	164	130	1329	760	..	132	2535	275	2811	120	8	338	1138	77	522	2 I. P. or 4 O. P.	132	376	277	5592	33	500
Northampton Hospital, . .	93	817	910	120	1533	1653	545	243	..	20	93	41 ¹ / ₁₀	67 ¹ / ₁₀	2 ¹ / ₁₀	228	253	290	1458	682	..	82	2767	293	3061	100	4	431	1524	171	477	1 I. P. & 2 O. P. for £1 11s. 6d.	184	460	380	2284	28	414
Norwich Hospital, ...	70	771	841	276	402	678	450	252	..	42	..	..	60 ¹ / ₁₀	5 ¹ / ₁₀	140	185	359	1707	546	20	126	2945	883	3829	105	6	737	1684	46	96	1 I. P. & 2 O. P. or 8 O. P.	282	467	311	4000	24	288
Nottingham Hospital, . . .	60	522	582	542	1823	2365	195	..	2	22	67	48 ¹ / ₁₀	38 ¹ / ₁₀	4 ¹ / ₁₀	87	156	143	1154	461	10	124	2041	244	2285	91	6	325	897	49	130	2 I. P. & 6 O. P.	93	249	240	12300	44	271
Oxford Hospital, ...	123	809	932	39	315	354	408	491	..	25	..	..	49 ¹ / ₁₀	3 ¹ / ₁₀	101	..	551	1169	477	..	546	2745	665	3410	140	8	354	865	156	366	1 I. P. & 2 O. P.	244	392	391	..	..	220
Salisbury Hospital, ...	71	850	921	129	1407	1536	364	466	..	21	88	37 ¹ / ₁₀	42 ¹ / ₁₀	2 ¹ / ₁₀	170	190	262	1241	715	4	203	2997	421	3219	107	5	418	1018	80	224	1 I. P. & 2 O. P.	73	297	408	8600	59	274
Salop Hospital, ...	68	758	826	393	1251	1644	356	365	6	21	81 ¹ / ₁₀	39 ¹ / ₁₀	47 ¹ / ₁₀	2 ¹ / ₁₀	126	150	104	1194	451	6	190	2097	259	2356	120	6	535	1503	58	156	2 I. P., O. P. unlimited.	156	324	287	4240	25	236
Sheffield Hospital, ...	69	845	914	404	2383	2787	408	413	..	31	..	..	47 ¹ / ₁₀	3 ¹ / ₁₀	141	207	167	957	493	13	105	1945	597	2543	85	6	591	1202	14	86	1 I. P. & 2 O. P.	92	193	245	4240	37	300
Stafford Hospital, ...	56	524	580	102	906	1008	313	206	1	13	65	44 ¹ / ₁₀	58 ¹ / ₁₀	2 ¹ / ₁₀	105	155	176	890	358	9	105	1692	498	2190	78	5	572	1255	41	184	2 I. P. & 4 O. P.	109	239	213	4040	25	212
Winchester Hospital, . . .	81	657	738	352	657	1009	288	352	3	16	77	41 ¹ / ₁₀	43 ¹ / ₁₀	2 ¹ / ₁₀	109	260	241	1550	404	12	82	2552	314	2867	96	6	800	1481	86	200	1 I. P. always, O. P. unlimited.	228	382	393	5000	27	256
Worcester Hospital, ...	90	680	770	239	669	908	376	258	10	31	96	51 ¹ / ₁₀	55 ¹ / ₁₀	3 ¹ / ₁₀	113 ¹ / ₁₀	192	142	1217	555	..	24	2350	183	2534	100	6	668	1032	35	100	4 I. P. or O. P.	144	258	116	18000	90	228
York Hospital, ...	40	314	354	126	597	723	87	206	2	23	..	..	27 ¹ / ₁₀	7 ¹ / ₁₀	78 ¹ / ₁₀	135	123	804	413	9	125	1611	282	1894	72	4	172	458	3	6	1 I. P. & 1 O. P. always.	52	283	200	7375	41	238
	2475	20705	23180	8587	58159	67246	10302	8155	109	876	1896 ¹ / ₁₀	..	..	..	..	5251	6339	37185	17969	175	3674	70636	12024	82945	2917	165	14631	35512	1649	5108		4965	9418	8159	231484	1286	9758

* To save labour, the shillings and pence are omitted, but the sum total is given at foot.

TABLE.—No. VIII.

Shewing the comparative Efficiency, Expenditure, &c., of the County Infirmaries of Ireland.

1829.	Total number of Intern Patients admitted.	Out of 100 admissions number died.	Number of Physicians and Surgeons.	Proportion of Medical Officers to admissions.	Proportion of Beds to the whole population of the County.	Proportion of admissions to the whole population.	Average cost of Provisions for each Intern Patient.	Average cost of Medicines and Surgical Instruments for each Intern Patient.	Average cost of Fuel, Soap, and Candles for each Intern Patient.	Average expense of Salaries for each Intern Patient.	Total average cost of each Intern Patient.	Average number of days each Patient remained in Hospital.	If there be a House Surgeon.	If Apothecary reside in the Hospital.	Number of Life Governors or Donors, who paid within the Year.	Number of Annual Subscribers.	Total amount of Income from Private Funds, i. e. Donations, Subscriptions, and Arrears.	Total amount of Income from Public Funds, i. e. Treasury Grants, County Presentments, and Petit Sessions Fines.	Number of Intern Patients for each bed per Year.	Number of Magistrates in each County.
							s. d.	s. d.	s. d.	s. d.	s. d.	Days.					£ s. d.	£ s. d.	.	
Meath Hospital and County Dublin Infirmary, ...	804	53 ³ / ₁₀	8	1 to 100 ¹ / ₂	1 to 3200	1 to 219	11 11 ¹ / ₂	5 2	2 10	7 0	32 6	25 ¹ / ₂	No.	No.	12	120	482 16 3	643 0 0	147 ¹ / ₁₁	83
Carlow, ...	119	6 ⁷ / ₁₀	1	1—119	1—4555	1—680	17 0	5 0	3 7	20 10	65 10	41	No.	No.	..	..	47 5 0	389 0 0	6 ³ / ₁₂	48
Kildare, ...	238	3 ³ / ₄	1	1—238	1—3388	1—455	16 6	4 2	4 9	22 3	55 0	33 ¹ / ₂	No.	No.	1	1	17 17 0	739 0 0	7 ¹ / ₁₂	82
Kilkenny, ...	422	6 ¹ / ₁₀	1	1—422	1—4807	1—457	13 9 ¹ / ₂	0 6	1 6	11 3	30 9	33	No.	No.	..	4	14 14 0	525 0 0	10 ¹ / ₁₂	106
King's County, ...	378	2 ¹ / ₁₀	1	1—378	1—4114	1—380	14 0	1 5	3 1	11 9	33 4	29 ³ / ₄	No.	No.	7	8	189 3 9	561 0 0	10 ⁴ / ₁₂	116
Longford, ...	228	0 ³ / ₁₀	1	1—228	1—6253	1—492	17 11	6 0	5 6	14 11	62 7	..	No.	No.	..	5	14 14 0	607 0 0	8 ¹ / ₁₂	48
Louth, ...	103	3 ¹ / ₁₀	2	1—51 ¹ / ₂	1—6000	1—1049	9 4 ¹ / ₂	13 10	8 5	32 3	75 7	25 ¹ / ₂	No.	No.	2	8	69 7 0	545 0 0	5 ¹ / ₁₂	32
Meath, ...	253	7 ⁴ / ₁₀	1	1—253	1—6500	1—700	19 7 ¹ / ₂	11 0	4 2	17 8	61 0	..	No.	Yes.	1	2	22 1 0	668 0 0	9 ¹ / ₁₂	106
Queen's County, ...	466	4 ¹ / ₁₀	1	1—466	1—3845	1—313	15 2 ¹ / ₂	8 6	4 3	16 0	49 9	27 ¹ / ₂	No.	No.	..	..	206 0 9	822 0 0	12 ⁵ / ₁₂	98
Westmeath, ...	279	2 ¹ / ₂	1	1—279	1—5150	1—491	15 9	3 8	3 5	14 6	37 7	..	No.	No.	2	4	67 0 6	550 0 0	8 ² / ₁₂	96
Wexford, ...	245	..	1	1—245	1—5000	1—747	36 0	20 6	5 8	14 6	83 11	47	No.	No.	5	7	125 3 0	739 0 0	6 ² / ₁₂	86
Wicklow, No. 1, at Wicklow, Do. No. 2, at Baltinglass, ...	109	5 ¹ / ₂	1	1—109	1—5550	1—747	24 6	17 4	5 2	26 4	79 10	42 ⁷ / ₉	No.	No.	5	5	119 19 0	376 0 0	8 ¹ / ₁₂	66
	55	5 ¹ / ₁₁	1	1—55			23 2	9 5	6 4	39 4	84 4	..	No.	No.	..	11	34 13 0	287 0 0	5 ⁷ / ₁₂	
Antrim, ...	273	3 ² / ₄	1	1—273	1—8082	1—1183	12 3	8 2	2 11	12 8	59 4	..	Yes.	No.	5	2	125 14 9	480 0 0	6 ¹ / ₁₂	74
Armagh, ...	383	1 ¹ / ₁₃	1	1—383	1—6300	1—673	14 0	4 4	5 4	12 4	56 11	..	No.	No.	6	32	228 16 2	313 0 0	11	64
Cavan, ...	293	2 ¹ / ₂	1	1—293	1—6700	1—773	19 5	6 9	3 3	12 10	49 9	37 ¹ / ₂	No.	No.	..	2	9 9 0	561 0 0	8 ² / ₁₂	85
Donegal, ...	181	..	1	1—181	1—4580	1—1812	52 2	5 11	11 1	19 8	99 5	..	No.	No.	1	2	27 6 0	741 0 0	2 ¹ / ₁₂	77
Down, ...	130	6 ¹ / ₁₃	1	1—130	1—15372	1—2711	39 6	3 4	5 7	24 1	92 6	43 ³ / ₄	No.	..	18	11	413 5 3	578 0 0	5 ⁶ / ₁₃	128
Fermanagh, ...	195	3 ⁷ / ₁₃	1	1—195	1—3935	1—766	21 5	6 2	13 4	18 9	79 11	54 ¹ / ₁₂	Yes.	No.	..	..	..	597 0 0	5 ⁵ / ₁₂	72
Londonderry, ...	254	3 ¹ / ₂	1	1—254	1—2680	1—880	60 7	5 3	8 10	20 8	106 10	46 ¹ / ₁₂	No.	No.	6	47	334 4 2	847 0 0	5 ¹ / ₁₂	67
Monaghan, ...	192	..	1	1—192	1—5425	1—1018	30 1 ¹ / ₂	5 2	5 4	18 6	66 5	54 ¹ / ₁₂	No.	No.	..	..	..	289 0 0	5 ¹ / ₁₂	58
Tyrone, ...	204	5	1	1—204	1—12096	1—1479	39 1 ¹ / ₁₂	5 6	8 10	14 1	81 4	71 ¹ / ₁₂	No.	No.	4	4	96 12 0	624 0 0	8 ¹ / ₁₂	102
Clare, ...	416	1 ¹ / ₅	1	1—208	7—6456	1—620	13 0	4 8	1 6	9 6	31 7	31 ⁵ / ₁₂	No.	No.	..	7	22 18 0	648 0 0	10 ² / ₁₂	111
Cork, ...	326	..	1	1—316	1—14363	1—1246	10 3 ¹ / ₂	7 9	2 0	8 3	30 4	23 ¹ / ₁₂	No.	No.	..	12	91 3 0	421 0 0	10 ¹ / ₁₂	289
Kerry, ...	273	1 ¹ / ₁₀	1	1—273	1—9565	1—805	14 4	4 7	2 4	15 7	41 9	26 ⁵ / ₁₂	No.	No.	..	..	..	596 0 0	12 ¹ / ₁₂	110
Limerick, ...	491	1 ¹ / ₄	3	1—98 ¹ / ₅	1—3828	1—475	12 10 ¹ / ₁₂	5 5	3 10	13 7	40 9	26 ¹ / ₁₂	No.	Yes.	2	23	131 4 0	645 0 0	8	120
Tipperary, ...	272	4	1	1—272	1—18317	1—1407	14 8	18 4	3 5	16 1	58 3	30 ¹ / ₁₂	No.	No.	..	..	51 7 0	694 0 0	12 ⁴ / ₁₁	151
Galway, ...	196	..	1	1—196	1—10424	1—2180	32 4	3 8	4 10	20 5	72 5	..	No.	Yes.	..	1	3 3 0	654 0 0	4 ¹ / ₃	142
Leitrim, ...	284	1 ² / ₁₃	1	1—284	1—4415	1—500	13 6	4 6	6 3	14 10	45 4	37	No.	No.	..	1	3 3 0	655 0 0	9	61
Mayo, ...	320	1 ² / ₈	1	1—320	1—13630	1—1116	17 0	4 9	4 8	18 2	60 11	30	No.	No.	1	5	41 0 0	564 0 0	12	122
Roscommon, ...	335	2 ¹ / ₁₁	1	1—335	1—5454	1—710	19 3	6 8	3 6	11 11	51 9	42	No.	No.	4	15	137 11 0	692 0 0	7 ⁷ / ₁₁	94
Sligo, ...	213	..	1	1—213	1—4766	1—844	21 2 ¹ / ₂	15 11	6 6	20 10	73 6	44	No.	No.	..	..	67 5 0	545 0 0	6	73
	8126	3 ³ / ₄ mean.	34 total.	1—208	1—7051	1—945	23 4 mean.	7 7 mean.	5 3 ¹ / ₂ mean.	18 1 ¹ / ₂ mean.	64 0 mean.	38 ⁷ / ₁₂ mean.					3125 1 7	18608 15 9		2967

TABLE.—No. IX.

Statistical Report of Irish Fever Hospitals.

NAME OF FEVER HOSPITAL.	Number annually admitted on an average of three years, 1829, 1830, and 1831.	Rate of Mortality per cent.	Total annual Expenditure.	Expense per Patient.	Number of Physicians and Surgeons.	Salaries of Physicians and Surgeons.	Number of Beds.	Total annual Admissions on the above or subsequent years.	Admitted from within a circle of one mile around the Hospital.	Admitted from within three miles.	Admitted from within five miles.	Admitted from beyond five, but within ten, miles.	Admitted from a greater distance than ten miles.	Remaining in Hospital.	OBSERVATIONS.
Armagh, F. H.	96½	7½	158	33 0	1	40	30	96	90	6	50	..	..	..	Lately established, no returns from it. No report for a year.
Belfast, ...	508	6½	267	15 0	..	..	50	508	458	..	65	53	..	16	No returns for a year.
Cavan, ...	239	8½	274	23 0	1	40	30	158	40	..	..	..	..	14	No returns for a year.
Downpatrick, ...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	No return.
Middleton, ...	156	3½	150	..	1	..	16	156	156	..	..	..	..	10	No return.
Newry, ...	..	..	..	..	1	..	32	160	154	..	21	6	..	..	No statistic return; the information here contained is taken from one of the annual reports sent by a governor.
Lisburn, ...	..	..	..	..	1	..	24	160	154	..	..	..	..	14	The parliamentary report of 1832 gives no account of the number of patients.
Londonderry, ...	98½	4	94	19 6	1	60	24	114	66	78	21	27	..	20	No statistic return.
Bagnallstown, ...	98	10½	159	32 6	1	52	20	101	..	..	..	16	7	14	No return.
Tullow, ...	330	7½	447	27 0	1	46	50	96	..	80	16	..	..	12	No return.
Kilkenny, ...	96	5½	84	18 0	1	100	13	..	..	..	..	..	..	..	No return.
Freshford, ...	33½	3	45	26 8	1	33	..	..	..	..	..	..	..	..	No return.
Kilgannony, ...	..	..	691	..	3	..	23	105	..	..	99	6	..	6	No return.
Kilcullen, ...	..	..	..	..	..	..	..	144	84	..	50	10	..	..	No return.
Celbridge, ...	101½	6½	120	23 8	1	50	..	12	12	..	..	..	..	..	No return.
Naas, ...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	No return.
Meath, Navan, ...	43	10½	42	20 0	1	..	12	..	..	..	..	..	..	12	No return.
Kells, ...	..	..	..	..	1	..	12	..	..	..	..	..	..	..	No return.
Shirrone, ...	..	..	..	..	1	..	12	..	..	..	..	..	..	..	No return.
Parsonstown, ...	18	5½	..	..	1	..	30	18	15	3	..	..	..	..	No return.
Abbeyleigh, ...	58	8	108	36 0	1	40	..	43	..	25	14	2	2	16	No return.
Castlepollard, ...	247	6½	586	47 6	4	105	60	303	224	35	26	12	6	5	No return.
Wexford, ...	112½	5	349	62 0	2	100	40	85	44	..	39	2	..	..	No return.
Enniscorthy, ...	49½	7½	117	48 0	1	..	..	239	..	..	..	..	..	..	No return.
Gorey, ...	233½	5½	400	34 3	5	100	50	..	..	..	..	..	..	..	No return.
New Ross, ...	29½	3½	119	103 0	1	51	..	..	..	..	..	..	..	..	No return.
Castleborough, ...	100	2	62	12 4	1	..	..	..	..	..	..	..	..	..	No return.
Newtown Barry, ...	37	3½	127	87 0	1	..	..	..	..	..	..	..	..	..	No return.
Oulart, ...	12	3	24	40 0	1	..	40	56	..	..	44	12	..	..	No return.
Arthurstown, ...	295½	4	427	60 0	1	41	..	..	..	..	..	..	..	..	No return.
Stratford on Slaney, ...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	No return.
Arklow, ...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	No return.
Newtown Mount Kennedy, ...	573	5½	575	20 9	6	109	72	481	187	..	187	50	57	44	No return.
Enniskerry, ...	1116	4½	618	11 1	2	100	180	1867	1625	60	60	60	62	43	No return.
Cork City, ...	101½	7½	76	15 0	1	80	36	152	152	..	..	..	..	5	No return.
Bandon, ...	..	..	..	..	1	..	40	120	..	..	96	24	..	..	No return.
Buttevant, ...	124½	5	206	33 4	3	100	..	50	..	..	50	..	..	..	No return.
Cove, ...	91	3½	287	57 9	2	100	24	91	..	91	..	..	..	4	No return.
Fermoy, ...	73½	3½	62	16 3	2	..	40	135	..	130	..	5	..	12	No return.
Kinsale, ...	134	2	254	38 0	1	80	..	..	..	..	..	..	..	..	No return.
Middleton, ...	71½	3½	200	56 4	1	100	12	124	80	..	..	40	..	4	No return.
Mitchelstown, ...	124	7½	..	..	..	..	..	..	124	..	..	..	..	..	No return.
Mallow, ...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	No return.
Newmarket, ...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	No return.
Youghal, ...	30½	2½	100	66 8	1	..	100	301	146	..	123	26	6	25	No return.
Trillick, ...	318	2½	346	22 0	2	80	..	..	..	..	..	..	..	..	No return.
Killarney, ...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	No return.
Cahiriveen, ...	833½	4½	884	20 8	3	90	..	..	..	..	..	..	..	..	No return.
Limerick, ...	130	..	..	..	..	..	..	..	..	..	..	..	..	..	No return.
Newcastle, ...	278½	6½	318	22 8	1	100	80	325	255	30	30	10	..	16	No return.
Adare, ...	50½	2½	221	78 3	1	..	40	133	49	24	30	30	..	8	No return.
Rathkeale, ...	166	3½	184	23 0	1	100	20	263	101	89	33	40	..	..	No return.
Clonmel, ...	25	5½	31	25 5	1	..	..	..	..	..	..	..	..	..	No return.
Caher, ...	119½	6½	175	29 4	3	60	80	303	160	..	114	24	5	15	No return.
CloghJordan, ...	100½	5	271	54 0	2	60	56	260	119	111	30	..	..	66	No return.
Nenagh, ...	87½	6½	151	35 0	1	..	24	79	29	50	..	..	..	4	No return.
Roscrea, ...	86	6½	263	61 0	5	100	30	80	77	..	..	3	..	6	No return.
Templemore, ...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	No return.
Tipperary, ...	396	4½	196	50 10	1	90	60	344	208	..	58	78	..	9	No return.
Borrisokane, ...	74½	4	67	16 7	1	108	20	146	..	126	20	..	..	6	No return.
Carrick-on-Suir, ...	81½	5½	..	..	..	..	..	..	..	..	..	..	..	..	No return.
Dungarvan, ...	269	5½	588	44 10	2	80	130	156	128	..	10	18	..	12	No return.
Lismore, ...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	No return.
Tallow, ...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	No return.
Waterford, ...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	No return.
Galway, ...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	No return.
Sligo, ...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	No return.
Ballinasloe, ...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	No return.
Total, ..	..	mean average 5½	..	mean average 37 10	..	..	1612 in 37 hospitals,	8135	4783	1177	1265	554	145	409 in 30 hospitals.	..
Dublin, Cork-street, ...	..	..	..	..	..	..	200	4771	4500	271½	..	79	..	..	..
Do. Hardwicke, ...	..	..	..	..	..	..	144	1403	1324	..	738	148	..	..	..
Do. New Meath, ...	..	..	..	..	..	..	55	886	..	..	2003½	781½	145½	..	..

* How little even the Reports made to Parliament by the officers of some medical institutions can be depended on, is well exemplified by the return sent from this fever hospital, which is thus given in the Report of 1832: "Admitted in 1829, 100; discharged, 98; died, 2; expense, £62." The same number of admissions, discharges, and deaths, and the same amount of expenditure is given for 1830 and for 1831!!! Surely it must be very unlikely that for three years successively, each item should be alike every year.

† I have no accurate information on this head, but merely suppose that about so many may have been sent in from the country.

‡ The total amount of these three columns gives the number admitted from within five miles of 38 fever hospitals, viz. 14058.

§ The total amount of these two columns gives the entire number admitted into the same hospitals from beyond a distance of five miles, viz. only 926.

TABLE.—No. X.

Presentments for Public Charities in Ireland, Number of Dispensaries, and their Proportion compared with the Population.

Name of County.	Total Presentments on an average of two years, 1832 and 1833.	Average annual Presentments for Public Charities, for 1832 and 1833.	Expense of Public Charities per 100 acres.	Expense of Public Charities per 100 Persons.	Proportion of Medical Charities to total Presentments.	Number of Dispensaries in.	Total amount presented for Dispensaries in a year.	Average proportion of Population to each Dispensary.
	£	£	£ s. d.	£ s. d.			£	
Antrim, ...	44559	1392	0 8 0	0 10 0	1 to 32	15	524	21553 to 1
Armagh, ...	23572	1368	0 11 7	0 9 6	1 — 17	17	591	13000 — 1
Cavan, ...	26097	1611	0 11 0	0 14 9	1 — 16	17	721	13450 — 1
Donegal, ...	26290	1427	0 4 3	0 10 0	1 — 18½	..	..	..
Down, ...	39159	1186	0 6 0	0 6 0	1 — 33	9	523	40000 — 1
Fermanagh, ...	17630	1288	..	..	1 — 14½	7	280	21420 — 1
Londonderry, ...	24465	1588	0 9 3	0 13 10	1 — 15½	14	715	24440 — 1
Monaghan, ...	19506	870	0 8 0	0 7 7	1 — 22½	8	428	24440 — 1
Tyrone, ...	35297	1966	0 8 6	0 13 6	1 — 18	20	664	19715 — 1
Total, ...	256575	12696	..	..	1 to 20½	..	..	..
Carlow, ...	13433	1020	0 13 5	1 2 7	1 — 13	4	506	20394 — 1
Dublin, City, ...	32559	2975	..	0 9 7	1 — 10	..	..	..
do. County, ...	21498	2277	1 18 0	1 10 0	1 — 9½	21	1259	8714 — 1
Kildare, ...	20304	1697	0 13 9	1 10 0	1 — 11	..	..	..
Kilkenny, City, ...	2656	874	..	2 7 5	1 — 3	1	..	23741 — 1
do. County, ...	25689	1944	0 11 6	1 0 5	1 — 13¼	16	827	12000 — 1
King's County, ...	16955	1503	0 10 4	0 16 9	1 — 11½	11	675	13000 — 1
Longford, ...	10211	597	0 10 3	0 11 6	1 — 17	..	..	..
Louth, ...	13047	1668	0 18 3	0 19 8	1 — 7	8	422	13842 — 1
Meath, ...	29896	4264	0 16 0	1 10 0	1 — 6	..	..	..
Queen's County, ...	21274	1269	0 7 5	0 12 0	1 — 16	14	591	10431 — 1
Westmeath, ...	16570	1238	0 10 6	0 16 5	1 — 13½	..	..	..
Wexford, ...	29104	2944	0 12 8	1 4 0	1 — 9	16	950	11458 — 1
Wicklow, ...	19913	2189	0 14 5	1 16 9	1 — 8	10	751	1820 — 1
Total, ...	273184	26459	..	..	1 to 10½	..	..	..
Clare, ...	46789	5102	0 16 4	1 10 3	1 — 9	17	988	15000 — 1
Cork, City, ...	28973	5179	..	4 14 8	1 — 5	1*	..	110000 — 1
do. County, ...	74998	8658	0 16 0	1 4 0	1 — 8	51	3306	13400 — 1
Kerry, ...	32414	1665	0 5 4	0 15 7	1 — 19½	..	..	..
Limerick, City, ...	5678	726	..	0 19 3	1 — 7	..	..	..
do. County, ...	31186	5853	1 10 0	1 18 6	1 — 5½	21	1461	11800 — 1
Tipperary, ...	55364	6889	1 0 0	1 7 4	1 — 8	31	1667	13000 — 1
Waterford, City, ...	4119	1294	..	4 11 4	1 — 3	1	..	28000 — 1
do. County, ...	19534	1486	0 15 9	1 3 9	1 — 13	15	685	10000 — 1
Total, ...	299055	36852	..	..	1 to 8½	..	..	..
Galway, ...	43232	2675	0 4 0	0 12 10	1 — 16	17	1230	25000 — 1
Leitrim, ...	14972	1131	0 8 9	0 14 6	1 — 12	5	338	28000 — 1
Mayo, ...	26038	462	0 1 2	0 2 6	1 — 56½	..	..	..
Roscommon, ...	28267	1483	0 10 8	0 15 2	1 — 17	..	..	..
Sligo, ...	19034	1595	0 14 0	1 0 0	1 — 11	9	647	18000 — 1
Total, ...	131543	7346	..†	..†	1 to 18	..	..	..
Total of the four Provinces, ...	960357	83353	mean. 0 12 9	mean. 1 2 10	mean. 1 to 11½	..	..	..

* The Cork city Dispensary is divided into seven districts, each attended by a medical officer, so that in point of efficiency it may be considered as seven Dispensaries.

† The great difference in expense per 100 acres, and per 100 persons, and that between the proportions contributed by Ulster and Connaught, and those by Leinster and Munster, are so striking, that it is evident the public charities, i. e. the medical institutions, of some counties must be greatly defective, as compared with those of others. And as in none are they more than sufficient, of course, those in the former class of counties must be greatly the reverse.



TABLE.—No. XI.

District Lunatic Asylums in Ireland, Cost of establishing, &c. &c.

Name of Place.	When Opened.	Counties intended for.	Population of District.	Number of Beds intended for.	Purchase of site.	Cost of Building.	Cost of furnishing and other Contingencies.	Total Cost of establishing Asylum.	Average annual Expenditure <i>per Patient</i> .	Average <i>annual</i> Expense of Asylum.	Proportion of Population of District to each Bed.	Average Admissions annually in proportion to Population.	Average Number annually admitted.			Average discharged recovered <i>per annum</i> .			Died annually.	Remaining on 5th January, 1833.					Proportion of discharged cured to Admissions.	Proportion of Deaths to Admissions.	Number annually refused Admission.	Re-admitted as relapsed Cases annually.			Number and Salaries of Officers, Assistants, &c.							
													Males.	Females.	Total.	Males.	Females.	Total.		Males.	Females.	Total.	Males.	Females.				Curable.	Incurable.	Total.	Males.	Females.	Total.	Physician, one.	Surgeon, one.	Manager, one.	Matron, one.	Assistant and Servants.
Dublin, ...	1815	Dublin, County and City, Meath, Wicklow, and Louth, . .	803796	257	£ ..	£ ..	£ ..	£ 42500	£ s. d. 23 0 0	£ 5505	3128 to 1	1 to 6754	 119	 100	 27½	 120	 117	287	84 in 100	11 in 100	8		168	£ 84	£ 250	£ 55	£ 625	48	£ 1182									
Armagh, ...	1825	Armagh, Fermanagh, Monaghan, Cavan, ...	793366	122	1090	18094	1716	20900	23 13 0	2102	6503 — 1	1 — 10854	42 32 74	18 14 32	4½ 3¼ 7½	55 49 17	87 104	43½	—	11 —	20	.. .. ..	100	.. 200	50 192	29	542											
Limerick, . . .	1827	Limerick, Clare, Kerry, . . .	778331	150	3840	24120	1896	29856	16 17 0	2983	5186 — 1	1 — 8648	 90	 42	 8½	 77	100 177	46¾	—	9½ —	..	.. .. ..	0½ 150	.. 200	50 378	33	728											
Belfast, ...	1829	Down and Antrim, ...	668921	104	2070	21838	1411	25319	17 10 0	3477	6434 — 1	1 — 6815	51 43 94	19 17 36	8¼ 4½ 12¾	58 66 30	94 124	38½	—	13½ —	23	4½ 3½ 7¾	100	.. 200	50 323	30	573											
Londonderry, .	1829	Londonderry, Tyrone, Donegal,	815629	150	753	23507	1418	25678	22 8 0	2375	5304 — 1	1 — 10592	 177	 34	 9½	 49	100 149	44	—	12½ —	20	1 0½ 1½	100	.. 200	50 212	29	562											
Carlow, ...	1831	Carlow, Kilkenny, Wexford, Kildare, ...	566149	104	2289	18474	1789	22552	21 17 0	2141	5443 — 1	..	32 27 59	10 9½ 19½	2¼ 1½ 3½	50 48 28	70 98	33½	—	6 —	..	.. .. ..	2 100	.. 200	50 ..	..	..											
Maryboro, . . .	1832	Queen's County, King's County, Westmeath, Longford, . . .	539506	140	1140	21519	1513	24172	..	2141	3854 — 1	1 — 7500	 72	 19	 7	 33	55 88	26½	—	9½ —	..	.. .. ..	.. .. ..	.. .. ..	.. ..	..	..											
Ballinasloe, . .	1833	All Connaught, ...	1343914	150	1583	23581	1966	27130	..	2000	8959 — 1	1 — 7380	74 48 122	13 9 22¾	4 1½ 5¼	85 55 65	75 140	19	—	4½ —	..	.. .. ..	100	.. 200	60 ..	40	..											
Waterford, . . .	1835	Waterford, ...	177054	100	1262	14314	1311	16888	..	..	1770 — 1	..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	..	..	..	..	.. .. ..	.. .. ..	.. .. ..	.. ..	..	..											
Clonmel, ...	1834	Tipperary, ...	402598	60	1347	14019	1221	16588	..	..	6710 — 1	..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	..	..	..	..	.. .. ..	100	.. 200	75 ..	..	..											
Total, ...	..	..	..	1337	15374	179466	14241	..	mean. 20 16 8	..	..	..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	.. .. ..	Mean. 42 in 100	9½ in 100	..	.. .. ..	.. .. ..	.. .. ..	.. ..	..	..												





